THE REVIEW OF RELIGION

Volume X MAY, 1946 Number 4

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The Review of Religion is published bi-monthly during the eight months of the academic year (November, January, March and May). Subscriptions: $2.00 a year (foreign, $2.30); single copies 60 cents (foreign, 70 cents). All subscriptions and business matters should be addressed to the publisher, Columbia University Press, 2960 Broadway, New York City. Manuscripts, editorial communications and books for review should be addressed to the Editorial Office, 401 Low Memorial Library, Columbia University, New York City.

The articles in *The Review of Religion* are indexed in the *International Index to Periodicals*, New York City.

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EDITOR'S NOTE

THE REVIEW OF RELIGION opens a new chapter in this number, with the publication of three articles devoted to the single comprehensive theme of *Religion and Health.* These articles were not written for publication in the *Review,* but were prepared, in the first instance, as contributions to a new interdepartmental University Seminar, which is devoting its discussions throughout the current academic year to an exploration of this theme. The present issue of the *Review* thus becomes virtually a bulletin of this University Seminar of Columbia University.

Readers may be interested in a brief glimpse of University history lying back of this development. In the course of World War I, the Faculty of Columbia College came to the conclusion that instruction on the undergraduate level had been too completely departmentalized. In 1919, therefore, a new departure was made in the College by requiring all freshmen to take an interdepartmental orientation course, entitled Contemporary Civilization. Several years later this was supplemented by a second interdepartmental requirement in great literature of the western world, under the title of Humanities A. These courses remain basic in the College as attempts to introduce undergraduates to problems and resources that concern all of them as men and citizens in the present age.

World War II, with its still more complex and deeper upheavals, brought with it a desire to focus some of the advanced study at the University more continuously and co-operatively upon matters of central and enduring human importance. A possible way of accomplishing this effectively was first proposed in a memorandum submitted by Professor Frank Tannenbaum, of the Department of History. Following his suggestions, in 1945-46,

there have been organized under the Graduate Faculties of Columbia University certain advanced seminars designated *University Seminars.* These have as their objective the co-operative study of some basic human institutions or problems of enduring interest and importance. They are joint seminars in that they cut across departmental and faculty lines, engaging in the investigation of a given problem scholars of different interests, training, and methods. Where the character of the discussion demands, experts from outside the University community are invited to participate. A limited number of advanced students, who are candidates for the doctorate (or at least of equivalent standing), will be ad-

mitted to these University Seminars, usually on recommendation of some member of the staff participating in the work of a given seminar.*

Six University Seminars were organized in 1945-46 to deal respectively with: The State; The Problem of Peace; Religion in its Human Relations; The Renaissance; Rural Life; and Labor Problems.

The University Seminar on *Religion in its Human Relations* is administratively responsible to a Joint Committee of Columbia University and Union Theological Seminary under the Dean of the Graduate Faculties. As its title would indicate, it proposes over the years to study various aspects of religion in their relation to different human concerns and institutions. The selection for the current year of the special topic *Religion and Health* is explained in the ensuing account prepared by the officers of the Seminar to accompany the three papers herein published.

Any inquiries addressed to the Editor of *The Review of Religion* about these Seminars will be transmitted to the specific officers concerned.

HORACE L. FRIESS, *Editor*

* Quoted from an Introductory Statement on *University Seminars* issued by Columbia University. Parenthesis by the Editor.

RELIGION AND HEALTH: A GROUP INQUIRY

As one of its post-war developments, Columbia University decided in 1945 to begin a number of interdepartmental "University Seminars" for the advanced study of relatively permanent human institutions and problems of ongoing concern. One such Seminar was organized to give continuous study to "Religion in its human relations." Its authorization in the University system, and the general idea underlying it and the other University Seminars, have been briefly described in the immediately preceding pages of this issue.

In the spring of 1945 it was agreed that the Seminar on Religion in its Human Relations should take as its first theme of study, Religion and Health. Interest of students and faculty, as well as the development of ideas in medicine, psychology, theology, and the theory of religion motivated this choice. After two preliminary discussions it was announced that

> a beginning will be made by an examination of basic concepts as developed in medicine and in religion for dealing with the human being, personality, the nature and causes of illness, factors and ways of healing, the condition of well-being. Investigation will then be directed to particular areas of disease, therapy, and prevention that suggest special opportunity for further clarification of concepts and methods. The long-range aim for a collaboration of disciplines in these investigations is to improve understanding of the human situations, with which both religion and medicine deal, and to promote a more effective alignment of various resources and responsibilities for meeting them.

The faculty members of the Seminar in its first term, beginning September 1945, were: Professors David E. Roberts and Paul Tillich, of Union Theological Seminary; the Rev. Otis Rice, Acting Chaplain of the University; Professors Frederick deW. Bolman, Horace L. Friess, and Herbert W. Schneider, of the Department of Philosophy; Professor Carney Landis, of the Department of Psychology, and Professor Sandor Rado, M.D., of the Department of Psychiatry; Gotthard Booth M.D. and Kurt Goldstein M.D., as associate specialists in medicine and neurology. Six student members were admitted to the Seminar. Professor Friess and Chaplain Rice acted as Co-chairmen, and Professor Bolman as Secretary for the group.

Three of the faculty members, Professor Tillich, Dr. Booth, and Professor Landis, offered to present papers to open the exploration and in-

terchange of ideas. These papers are here published substantially as they were presented to the Seminar. They represent three quite distinct and different approaches. It is the purpose of this introductory note to state briefly how each of the papers does approach the interrelations of religion and health, and also to indicate a few points in the still more varied discussions to which they led. The crop of suggestions which arose for future work of the Seminar will also be evident before the close.

The first of the papers, that presented by Professor Tillich, is an historical introduction as well as a statement of the author's theoretical point of view. Tillich's theoretical interest in this paper is focussed largely upon two points: a conception of man as a "dynamic psychic unity," and a conception of true "religious healing" as distinguished from ideas of healing by magic, suggestion, and natural methods. In his conception of man, Tillich suggests that the "psychic drives" are of an intermediate nature that partakes both of body and of mind, and that probably this psychic nature is the best clue to the dynamic unity of man's life (cf. p. 376). "Religious or spiritual healing" in its true sense, he says, means a restoration of broken man to his "wholeness," and not only of man in and by himself, but of man in harmony with a restored "cosmic wholeness." Such "cosmic healing" is identical with what religion has meant by "salvation" or "making whole." It can only be experienced by man as a divine act coming to him in and with faith and ecstasy. As an experience it is, often enough, perhaps usually, mixed up with elements of magic and of psychological suggestion, but its essence is not indicated by those elements. Again, it may occur in cases of "natural healing," without any explicit religious ministrations, but can not be viewed or understood as the product of natural methods. Professor Tillich puts forward this conception of "religious healing" not as anything new of his own, but as a restatement of classical views in the religious heritage. His historical survey aims to show its presence particularly in examples drawn from the Hellenistic, Renaissance, and Romantic periods, and he finds contemporary thought returning to the same basic idea of healing as restoring dynamic wholeness. In modern times, scientific medicine was led into anatomical and physiological conceptions of healing, while liberal theology strayed away from classic traditions into too narrowly moralistic conceptions of salvation. The idea of healing as restoring wholeness to man's dynamic psychic unity was thus for a time lost.

Tillich's conception of the relation between salvation and healing impressed the Seminar by its inclusiveness, and his distinction of religious healing from healing by magic and suggestion, by the definiteness with which it was drawn. While issue was not joined directly with his metaphysics of man or the cosmos, his idea of salvation as restoration to dynamic wholeness, and his idea of the psyche as the key to man's living unity, were both regarded as important frames of reference for exploring further the interrelations of religion and health. The difficulty was expressed, however, that Tillich's very inclusive cosmic picture gives little direct help in identifying or relating with dependable precision the particular roles of specific factors within the processes of disease and healing. His paper gives more warning against an undue reliance upon specific methods than guidance for the positive development and application of methods.

The paper by Dr. Gotthard Booth contains a more positive methodological approach. It suggests that many relations of religion and health can be explored through the fact that both involve the demands made by particular cultures and the ways in which individuals adjust to these demands. Modern analysis, since Freud, has rediscovered the meaningfulness of illness, by supplementing the physical, clinical pictures of many diseases with personality pictures. Far from appearing as mechanical accidents, diseases often disclose their meaningful aspects when viewed in the perspectives of the patient's personality and behavior in its cultural context. More specifically, Dr. Booth says that disease is often the result of one-sided personality development. "Sickness assails the function of the personality which has been used most particularly in meeting the demands of society" (p. 402). "This phenomenon could be described as an involuntary *sacrifice,* a sacrifice imposed by natural law upon the most developed function of the individual" (p. 406). One thing religion does is to present an image of the demands being made in a particular culture. Analysis of the sick reveals much of what it means to different kinds of personality to live with these demands, on what terms they adjust or fail to adjust to collective ideals. Criticism, both of the individual's way of living and of conventional religion in a culture, might benefit from such analysis. Dr. Booth made it clear that he was not proposing to use religion's image of the demands of a particular culture as an absolute norm of values, nor was he suggesting that the whole function of religion in life reduced to such an imaging of cul-

turally relative demands. He was only suggesting that, through this function of religion, some of its relations to health and disease might be brought under rather exact and systematic observation. He was prepared to recognize that the more ecstatic aspects of religious experience, emphasized by Professor Tillich, presumably involved still further relations of religion and health.

Dr. Booth's paper led to considerable discussion of psychosomatic relations as involved in the idea of the meaningfulness of disease. In discussion, Professor Landis said that, aside from neuroses, what he would call diseases (including the major psychoses) were, in all probability, physically caused. Their psychological accompaniments could be viewed largely as efforts of the personality to adjust itself to the disease, or perhaps to the constitutional weakness making one prone to certain diseases. However, Dr. Booth insisted on viewing a disease as a psychosomatic process, involving both psychological and bodily phases in its whole course. Professor Rado concurred in this general view, and spoke of the heuristic and practical "cross-interpretation" of psychological and bodily events, as stated in both teleological and mechanical frames of reference. He emphasized that the work of Dr. Walter B. Cannon in physiology, as well as that of the psychoanalysts in psychology, had made it possible to reintroduce "meaning" as a medical category without abandoning exact scientific methods.

Professor Landis, in his paper, elaborated some of the implications for method of his point of view. He wanted to know whether, on grounds of present empirical knowledge, an area of disturbances might not be marked off from medicine as the proper domain of clerical and other non-medical healing. To this end, he asked the question: what acts in psychotherapy? and answered it in terms of a statement by Dr. Prinzhorn (pp. 420 ff.). Landis takes the position that doctors of medicine should be trained to heal on the basis of a special knowledge of somatic conditions, but that there is apparently no reason why their possession of "what acts in psychotherapy" should be regarded as permanently superior to what other groups might attain. Presumably there are historical reasons, to be sure, why the clergy lost prestige in the field of psychotherapy, and why medical men gained it in recent times. In his paper, Professor Landis tries to state these reasons, which constitute the present advantage of the medical men. But he argues that these reasons are not such, nor is our present knowledge of psychotherapy such, as to indicate that the

healing of psychic distress (including neuroses) should permanently be a medical specialty.

The Seminar agreed in its discussion to waive all questions of vested interest. Argument, therefore, proceeded on the assumption that healing is a function which anyone might properly exercise who is equipped to do it effectively. Professor Rado felt obliged, first, to put in a word in the interest of medical science. He pointed out that psychotherapy should not be divorced from the scientific investigation of the mind, which is a branch of biology coupled with a knowledge of cultural values. If "dynamic psychology" were taken away from medicine, the latter would have no way to study the human organism as a whole. Out of the researches of such medical psychology should come knowledge useful beyond the area of medical psychotherapy. The fields of therapy, Dr. Rado said, can be broken down into treatment of psychoses, neuroses, and distressing human problems verging on breakdown and involving suffering. The morale-building work of the clergyman is to be found in the third area, and for it the clergy need a working knowledge of psychology, and enough knowledge about psychoses and neuroses to identify them and put them in the hands of medical psychotherapists for cure. Professor Roberts, Chaplain Rice, and others were especially interested in the question of how the clergy might become better equipped, in terms of present clinical knowledge, to deal with psychic distress and illness. Professor Friess observed that their training for this function, in the light of Professor Landis's paper and the discussion, might not be, primarily, a matter of their receiving additional information, but of their becoming more thoroughly imbued with a spirit and habit of empirical understanding. Professor Rado believed that more scientific study and development could be given advantageously to many aspects of pastoral care itself. In any case, the existence of these pressing questions in the professional education of ministers is one of the immediate findings which the Seminar has to report.

Professor Schneider, in this discussion, raised the question whether there was present in recent thought a tendency to treat problems that are really moral problems as if they were problems of psychotherapy and religion. Has the plight of contemporary society led to some evasion of ethical thinking, so that recourse is had to medicine and religion for some matters not in their competence? The relation of the sphere of ethics to that of healing and religion seems to call for further clarifica-

tion. Some members of the Seminar felt that obscurities also remained with regard to the relation of healing and salvation. Professor Tillich's identification of the two as the restoration of dynamic wholeness, while offering a transcendent ideal, left difficulties as to its practical implications.

Discussion of Dr. Booth's paper had led the Seminar to ask in what respects both religion and health must be conceived as varying in their norms and meaning according to individual and cultural differences. In how far can their functions and standards be defined in universal terms? Is there not such a thing as a norm of health the same for all cultures, and also a universally valid general conception of constructive religion, Professors Bolman, Landis, and Tillich all asked, though with somewhat varying emphases? In this connection, Dr. Margaret Mead and Dr. Gregory Bateson met with the Seminar to discuss a paper Dr. Mead had written in 1940 on "The Concept of Culture and the Psychosomatic Approach." She suggested that the Seminar should, in the future, give some attention to the question of what happens in different cultures when "Protestant or Communist programs of public health and nutrition" are introduced into them. She argued that the meaning of health, and the mechanisms useful in promoting it, are sufficiently unique to every culture, so that psychosomatic medicine must include attention to cultural factors. Both religion and the science of man could become more truly universal by being enriched with the diverse experience of different cultures, and by cross-cultural comparisons and interpretations.

The idea that the psychosomatic approach could not reach "the whole man" without including the cultural dimension had also been stressed by members of the Seminar, such as Bolman, Booth, Friess, and Rado. Professor Rado predicted that the future would, no doubt, see other chapters besides "industrial medicine" added to the development of what might be called "cultural medicine." Professor Bolman and others showed interest in extending the exploration of religion and health in a number of ways beyond the boundaries of individual therapy and psychology. Professor Landis drew attention to the possibility of studying various instances of "group therapy," such as that of Alcoholics Anonymous, whose practices give prominence to some definitely religious features. The therapy of speech disorders was mentioned as another field in which groups as well as individuals might be studied. The importance of case studies, both of individuals and of groups, for fur-

ther progress of the Seminar was recognized by all, and its program will make provision for them from now on.

Many specific topics that can not be elaborated upon now, emerged as themes of great interest for more intensive future study. Such are the roles of hostility, conflict, guilt, and authority in both illness and healing. Professor Tillich's paper drew out considerable interest in the nature of "ecstasy," its kinds, and their relation to constructive and destructive processes. Professor Booth's paper impressed upon the group the importance of the theme of "sacrifice," both voluntary and involuntary, in its relation to healing.

FREDERICK DEW. BOLMAN
HORACE L. FRIESS
OTIS RICE

THE RELATION OF RELIGION AND HEALTH: HISTORICAL CONSIDERATIONS AND THEORETICAL QUESTIONS

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I

THE UNITY OF SALVATION AND HEALING AS PRESENTED IN RELIGIOUS MYTH

THE WORD "RELIGION" is not a religious word, but a term designating a special realm of human behavior, as seen from the point of view of an observer. It is natural that this concept of religion is used in a modern academic enterprise, and that the relation of the religious realm to other realms should be under inquiry and discussion. Religion itself, however, does not talk about religion, but about God, the world, and the soul.

I do not intend to devaluate the observer's point of view, but heeding the warning myself, I wish to start by directing attention to some old classical ideas about the relationship of religion and health. And in doing so we must leave the outside view and identify ourselves with the inside view. We must replace "religion" by "salvation," and must ask: What is the place of health in the frame of the idea of salvation?

In asking this question, we do not turn to the modern theological doctrines of salvation for an answer. They have mostly lost the original power of the idea of salvation, its cosmic meaning which includes nature, man as a whole, and society. Especially in modern Protestantism, salvation, and many related concepts such as regeneration, redemption, eternal life, are interpreted as descriptions of the spiritual situation of the individual man, in which a special stress is laid on his moral transformation and the continuation of his personal life after death. But for biblical and early Christian thinking, salvation is basically a cosmic event: the *world* is saved. The same is equally true for religious thinking generally in the cults and myths immediately preceding and surrounding early Christianity. This whole age used the same words and carried

their cosmic connotations into the feeling and thinking of the Church. But we should enlarge our horizons still further, because in the primitive, as well as in the high religions of mankind, we find this cosmic reference in the idea of salvation, not always equally strong, but almost never missing.

When salvation has cosmic significance, healing is not only included in it, but *salvation can be described as the act of "cosmic healing."* The root of the word "salvation" in many languages indicates this. Thus, the Greek word *soteria* is derived from *saos*; the Latin word *salvatio* from *salvus*; the German word *Heiland* from *heil,* which is akin to the English word "healing." *Saos, salvus, heil,* mean whole, not yet split, not disrupted, not disintegrated, and therefore healthy and sane. In Matthew 9:12, the English translation of *sesoken se* ("has saved thee," referring to an act of healing by Jesus) reads: "made thee whole." Salvation is basically and essentially healing, the re-establishment of a whole that was broken, disrupted, disintegrated.

Moreover, mythological vision agrees with philology that not only man (body and soul) but also nature, or more exactly the universe, is sick and needs healing, and will be healed in the event of salvation. Thus, in sections of the Indian *Mahābhārata* the *kālīyuga* is described as the last, most disintegrated period of a cosmic eon. In it nature is sick, the vital powers of birth and growth have deteriorated in all living beings, plants, animals, and men. Consequently incurable sickness and early death prevail. Quite similarly, Isa. 24:4 and II Esdras (both of them late apocalyptic writings) speak of the fading away of the earth and the degeneration of all natural forces. So, too, the Apocalypses of Mark and of John describe the disintegration of the astronomic cosmos and the plagues on earth before the final salvation. A symptom of the cosmic disorder is the enmity between the different parts of nature and between man and nature. The order of nature, called "covenant" between God and "the beasts of the field" (Hos. 2:18) is broken, and the result is chaos and self-destruction. Psalm 90, in its oldest part, complains in unison with many pagan witnesses of the laborious life and early death of man, explaining it by the breach between God and man, thus echoing the old myth of paradise lost in the fall. The land itself fell sick, and produces weeds under the curse of God, which results in enmity between man and animals (represented by the serpent), extreme pain in childbirth, fratricide, and, above all, in the loss of the food of the gods (the fruits of the

tree of life) which in paradise continually overcame the natural mortality of man.

Not much citation is needed to prove that the idea of salvation, in the sense of making whole or healing, is applied to the social disruption of mankind as much as to cosmic disintegration. The patriarchal power of man over woman, the division of languages, the cleavage between nomadic and agricultural forms of existence, the rise of world powers and tyrants, the national wars which become more and more destructive: all this is the state of society which needs the healer and the universally saving event. But most interesting and important for the relation—more exactly the identity—between healing and salvation is the mythological interpretation of the psychic disruptions in man, or in other beings in which psychic forces are presupposed. These disruptions are the effect of "demonic powers" which take "possession" of the soul. The mentally ill are the possessed, but not only they. Many bodily diseases are derived from this source. And social evils, especially idolatrous tyrants, false prophets and messiahs, pagan empires and religions, are the work of demons. So are most of the natural evils. They are especially powerful when the world becomes old, loses its vitality and its power of resistance against idolatry and crime, hate and self-destruction, bodily and mental disease. Nature, society, and soul are subject to the same principle of disintegration. They all are possessed by demons, or, as we should say, by psychic forces of destruction.

But this possession by forces of evil is not a natural event. It is the result of a divine curse which itself is the result of "sin," i.e., of an act of separation, of rebellion in which the responsible ego participates, and which involves guilt. *The cosmic disease is cosmic guilt.* No one is excepted from this guilt. A universal feeling is justified, and so is the feeling of guilt in connection with natural, social, bodily, and mental diseases. On the other hand, the universal character of disease and evil makes it impossible to derive them in a special case from a special act. All higher religions have fought against such calculating moralism with respect to disease and guilt; most significantly, The Book of Job and The Fourth Gospel. Disease and guilt are no less a matter of personal responsibility because they are cosmic, but they are not a matter of proportional calculation, just *because* they are cosmic and precede every individual act.

The myths of salvation correspond strictly to the myths of cosmic dis-

ease. This can be shown point by point: the disintegration of nature is overcome in salvation, the act of cosmic healing. A new earth, an everlasting spring (i.e., a vitality of the cosmos which never declines), a renewal of paradise is envisaged. The "garden" is the place where the curse upon the land is overcome. In it vegetative nature is liberated from chaos and self-destruction; "weed" there is none. This "garden of the gods," of which every human garden is a symbol and an anticipation, will reappear in the salvation of nature. Peace is re-established in nature (Isa. 11:6), a new covenant is made with the beasts of the fields (Hos. 2:18). The wild nature in animals, as well as in nations and human individuals, is overcome by shepherd-kings such as Orpheus, Poimandres, David, and Jesus. Saints live with and preach to animals, for they "are not excluded from the knowledge of God." (Clement Alex. *Stromata*, V, 13)

Bodily health is re-established. "Health shall descend and sickness shall be removed," says the Apocalypse of Baruch, in the new aeon. In Greece and later Hellenism, Asclepius, the deified master of healing, is one of the earliest gods to be called *theoi soteres* (savior gods). He is one of the most significant figures in the later Hermetic mysteries of salvation. The identity of healing and salvation is nowhere clearer than in Asclepius, except perhaps in Jesus of Nazareth. This is the reason why Origen and his pagan adversary, Celsus, dispute as to the higher medical quality of Jesus or of Asclepius. In the Gospel of Mark, Jesus is, first of all, the healer, because the coming of the Kingdom of God implies the appearance of an irresistible healing power. When John the Baptist, from his prison, sends his disciples to ask Jesus if he is the Messiah, Jesus answers in the affirmative by pointing to his healing power. The blind receive their sight and the lame walk, the lepers are cleansed and the deaf hear, and the dead are raised up and the poor have good tidings preached to them (Matt. 11:5). This is the new aeon: bodily and social diseases are overcome, and death is conquered. The same power is given to the apostles who announce that salvation has come. "And he called unto him his twelve disciples and gave them authority over unclean spirits, to cast them out, and to heal all manner of disease and all manner of sickness" (Matt. 10). And a few verses later, Jesus says to them: "And as ye go, preach, saying the kingdom of heaven is at hand. Heal the sick, raise the dead, cleanse the lepers, cast out demons." The identity of healing, bodily and mental, and the presence of salvation can not be expressed more clearly. To announce that salvation is at hand and to heal

is one and the same act. To perform both parts of this act is the task of the disciples—this and nothing else.

In the social realm the healers of the body-politic are called *soteres*, saviors. Thus the successors of Alexander the Great, Augustus as the bringer of peace, and the kings of Israel, above all the expected Messiah, are "saviors." Isis is called savior because she heals the disorder among men as well as among the stars. Zoroaster calls himself the "healer of life" brought into disorder by the demonic devas. In the eschatological visions of The Book of Revelations, the leaves of the tree of life—which reappears in the future fulfillment—serve the "healing of the nations."

Salvation or cosmic healing is dependent upon victory over the demonic forces. According to the picture of Jesus that we have in the Synoptics, his messianic vocation was confirmed for himself by his power over the demonic realm. The story of his temptation, the vision of Satan falling from heaven like lightning, and, above all, the healing of the demoniacs, these are all evaluated as signs of the salvation which has arrived. "If I by the Spirit of God cast out demons then is the Kingdom of God come upon you" (Matt. 12:26). Grace (another word for the Spirit of God) conquers "possession." Thus, the healing of mental illness is the most crucial proof of salvation, although mental diseases are not separated off from bodily and social diseases in the accounts.

Healing in the sense of salvation includes the conquest of death. In many myths death is, on the one hand, the consequence of cosmic disease and guilt. On the other hand, it is the fulfillment of the law of finitude. In the latter sense it is natural: "from dust to dust" (Genesis), from the "infinite" *(apeiron)* to the "infinite" (Anaximander). In the former sense it is unnatural, as is the whole cosmic disease, and is overcome in salvation. Salvation is the presence of Eternal Life, which is a state of things into which one "enters," or which one "inherits" and "takes in possession." The clearest expression of the connection between disease and death, on the one hand, and salvation and eternal life (*not* to be confused with physical immortality), on the other hand, is the famous description of the sacramental food as a *pharmakon athanasias*, a medicine which heals from death, and overcomes exclusion from the realm of eternity.

Cosmic disease is cosmic guilt. Salvation, therefore, is the conquest of guilt and its cause, wilful separation or sin. The decisive sign of this as-

pect of salvation is reconciliation, the re-establishment of a unity which was lost and transformed into enmity. Reconciliation on the part of the gods, whose wrath correlates with the feeling of guilt, is sought in most religions. The way is the ritual sacrifice which appeases the divine wrath and removes the feeling of guilt. The self-negation which is implied in every sacrifice accepts *and* overcomes the divine negation of the self. In many mystery religions, and in Christianity, not god but man is won over, reconciled. The god offers himself as a sacrifice. He takes the negation upon himself, and asks men to accept his sacrifice. This acceptance is faith, which means an ecstatic self-transcending act in which man is reconciled with the god and with himself. The guilt consciousness of the unreconciled stage is conquered, and with it the special form of anxiety which is implied in the feeling of guilt. At the same time, the anxiety of death in the sense of unnatural exclusion from eternity is overcome. In this way the deepest implications of the cosmic disease in which man participates are healed: guilt, anxiety, fear of death. This is the function of reconciliation, to make whole the man who struggles against himself. It reaches the center of personality, and unites man not only with his god and with himself, but also with other men and with nature. Reconciliation in the center of personality results in a reconcilation in all directions, and he who is reconciled is able to love. Salvation is the healing of the cosmic disease which prevents love.

The savior is the healer. Jesus calls himself a physician. The power of the saviors is based on their cosmic significance, that is, on the fact that they represent the whole which they are supposed to bring back to its lost wholeness. This implies that they are divine and cosmic figures, divine, implying centralized unity and indestructible control over themselves and things, cosmic, implying their all-embracing universality. Yet the saviors are also human, because in man the cosmos is united and healed. The savior is the "man from above," the "heavenly man," the "son of man," the god "anthropos," the "god-man," etc. He is the concentration of all cosmic powers, the macrocosmos condensed in a microcosmos. The microcosmos-idea, so important in the history of healing, is a savior-idea and not a theoretical analogy between man and world. Man is able to mediate between the different strata of reality, because they are all in him. He can know them and he can transform them. In the early Renaissance, when the mythological heritage of the ancient world was revived and slowly transformed into modern science, the savior function

or healing role of man is powerfully expressed. At first it is still described in mythological terms: the savior-man is the Christ, the God-man. Then it is generalized: the savior-man is the rational, the microcosmic man. At first it is still magic, astrological, alchemic practice which makes him the cosmic healer; then it is technical, astronomic, chemical insights which give him the healing power. At first the psychic realm is decisive, then body and mind became separated from the psychic ground and isolated over against each other. When this separation takes place, myth is replaced by science, and the identity of salvation and healing is broken. Both of them lose their cosmic character, salvation becomes concerned with the individual soul, healing with the individual body.

The means of salvation or cosmic healing is primarily the divine act in which the demonic forces are overcome and cosmic disorder brought to a new order. In it the healing power appears on "earth" as an individual life, and is tested by suffering and death in its divine wholeness; institutions of salvation are established, and a final fulfillment is promised and prepared. Secondly, salvation or cosmic healing becomes actual in the human activities through which individuals participate in the power of salvation or the universal process of healing. The cult is supposed to effect this by introducing man into the sources of salvation, or by introducing the powers of healing into the particular individual or social situation. The priest is the mediator between the objective reality of salvation and the subjective appropriation of it. Through the priest (who is always and essentially a "medicine-man"), the cosmic wholeness which is effected by the saving act of God becomes the power of individual or social wholeness. Holy words, incantations, charms, and sacramental objective acts, are different tools of this mediation. Salvation or healing occurs *modo participationis,* by participation, namely, in something objective which precedes any special act of saving or healing. He who has the healing power does not have it from himself, but from a special transmission of the universal healing power unto him. The healing power is rooted in the divine realm. Only the power which controls the cosmic wholeness is able to create individual wholeness. The divine beings as representatives of the power which carries the cosmos are the saviors and original healers, e.g., the mystery and mediator gods. Union with them is the means of salvation or healing, whether performed by magic influence or by mystical identification, by moral obedience or by self-transcending faith.

Three theological considerations may conclude this prelude in the key of classical myth. First, it is obvious that, as long as the idea of cosmic salvation or healing is accepted, bodily, mental, and spiritual healing are not separated. For all elements of reality belong to the cosmic wholeness. All levels of being are disintegrated by the disruption of this wholeness, and are reintegrated by the basic act and permanent process of cosmic healing.

Secondly, it must be pointed out that healing, in this mythological atmosphere, has not the character of a miracle in the rationalistic sense of the term, even though a god or messiah is the healer. For the presence of the cosmic power of salvation in special persons and acts, which are "signs" of its universal presence, is not the suspension of natural laws, as a misguided supernaturalism asserts. This very rationalistic irrationalism should be dismissed like any other superstition. Genuine religion never has used such a concept, and serious theology should not even ponder it. As Dawson says: "There is no violation of the laws of nature. . . . The divine and spiritual power is here already waiting to be used."[1]

Thirdly, how is the relation to be understood that myth declares between individual acts of salvation or healing and the cosmic act? I suggest that this relation be designated as a fragmentary, ambiguous, anticipatory realization of the cosmic wholeness. Each of these terms carries some special connotations. "Fragmentary" indicates the fact that every specific state of health or salvation represents the cosmic wholeness in a being which is a fragment of the whole, and whose wholeness is, therefore, always conditioned, threatened, imperfect, and pointing beyond itself. "Ambiguous" indicates the fact that, from the point of view of the whole, all partial healing is doubtful in its ultimate value. The saving of one limb may be the cause for a disintegration of a whole personality. Moral health may be the cause for the diseases of phariseeism. "Anticipatory" indicates the preliminary character of healing and salvation in comparison with the eschatological fulfillment for which many religions are longing. Anticipation unites an already with a not yet, and this is the attitude in which salvation or healing must be experienced in the world of the classic myths.

Against the identification of salvation and healing it has been said, for instance by Hiltner,[2] that healing has temporal, while salvation has

1. G. G. Dawson, *Healing: Pagan and Christian* (London, 1935), p. 124.
2. Seward Hiltner, *Religion and Health* (New York, 1943), p. 23.

eternal reference, even when the object of healing is body, mind, and spirit. But this argument is based on a modern, Protestant definition of both concepts. It implies a conscious or unconscious rejection of the idea of cosmic disease, the universal fall, and of cosmic healing, the universal redemption. It does not see that the eternal fulfillment is actual in the fragmentary fulfillment in time and space. Healing as well as salvation are temporal and, at the same time, are eternal. Healing acquires the significance of the eternal, and salvation the actuality of the temporal. From this point of view, it becomes impossible for the physician to relegate salvation to a fantastic realm of the eternal, and likewise impossible for the minister to deprive the physician's work, even when religion is not explicitly used in it, of its absolute seriousness.

II

RELIGIOUS, MAGIC, AND NATURAL HEALING DISTINGUISHED

1. *Their distinction and confusion in ancient and modern sources.*

From earliest times to the present, three ways of healing are recognized in the source literature: religious or spiritual healing, magic or psychic healing, and bodily or natural healing. Each of these concepts is not only vague in itself, but there is a continuous confusion and overlapping of them, and, still more striking, a permanent attempt on the part of each to swallow up the others. Examples for the distinction as well as the confusion of the three ways of healing are abundant in both ancient and modern times. The Assyrians and Babylonians distinguished, without separating them however, the religious element in healing, which consisted for them in sacrifice and prayer directed towards beings of a superhuman character, the magic element, consisting in mutual sympathetic influence between human and cosmic forces, and the natural element, consisting in drugs or the knife. The Persians distinguished the "word-doctor" from the "herb-doctor" and the "knife-doctor." About the first, they said: "This one is the best of all healers who deals with the Holy Word, and he will best drive away sickness from the body of the faithful."[3] The Holy Word, here, is obviously a religious word with magic power, showing the mixture of religion and magic in a form which always remained very important: the *word*. (The Persians gave us the

3. Dawson, *op. cit.*, p. 57.

term "magic.") But Origen, also, says: "It is not the thing signified, but the qualities and peculiarities of words which possess a certain power for this or that purpose." Therefore, he asserts, no other word should be used for God than the word God, and no other spiritual healing is possible than through the use of the name, Jesus Christ. What is religious, what is magic in this kind of healing?

Jumping to the present, we find the distinction of the three ways of healing precisely expressed by Hiltner when he says:

> In some cases the surgeons must cut out offending tissue in order to release the forces of healing, in other cases personality analysis is the central need, and in still other cases conscious recognition of the divine power of the healing influences is most needed. In the majority of cases, something of all three may be helpful. We know more about when the surgeon's knife or a drug or a new diet is needed, than we know about the others. We know more about when personality analysis is needed than we do about when prayer is needed.[4]

This sounds not very different from the old Persian text, except that they knew more about the herb and word medicine than about the knife. But again we must ask: what is the relation of the realms presupposed by the three ways of healing? What is religious, and what is psychic?

The mixture of the three in a religious formulary is illustrated in the old Christian Sacramentary of Serapion, where the following prayer accompanies the unction of the sick:

> We pray Thee send out a healing power of the only-begotten from heaven upon this oil, that it may become to those who are being anointed with it, for a throwing off of every disease and infirmity, for a protection against every demon, for a removal of every unclean spirit, for a driving out of all fever and shivering fit, for good grace and remission of sins, for a medicine of life and salvation.[5]

Here, demons, fever, and sins are united, and the healing power from heaven is to be united with the sacred oil. The religious, the psychic, and the natural are completely mixed. Is there a distinction? The same mixture appears in a tractate of Paracelsus concerning the Lord's Supper,[6] where, however, the approach is from the side of the natural element in

4. Hiltner, *op. cit.*, p. 100.
5. Quoted by Dawson, *op. cit.*, p. 150.
6. Friedrich Gundolf, *Paracelsus* (Berlin, 1928), p. 50.

healing. For Paracelsus, bread and wine are natural powers, yet sacred by nature's divine character of growth, *before* they enter the sacrament. Again, the natural, the magical, and the religious are also united, when he says: "The true religion of the physician is that he first of all knows and understands all nature in its growth, the inner character of each,"[7] and about the inner character, he adds: "Therefore, he is a philosopher, who if he knows something in one thing, knows the same also in another thing."[8] This last is magic knowledge, yet for Paracelsus it is, at the same time, philosophy of nature and religion. Is there any way of clearing up these confusions and overlappings?

It can not be denied that religious healing, in the strict sense of the word, was united with magical and natural healing everywhere in the ancient world. The great physicians of the legendary past were deified: Imhotep in Egypt, Asclepius in Greece, Thrita in Persia, etc. Moreover, the centers of healing power were medical temples, such as those of Isis, Asclepius, and, later, certain Christian churches, such as SS. Cosma e Damiani in Rome. The physicians were the priests, or rather the priests were physicians, for the religious aspect did not preclude the use of drugs, medicinal springs, diet, and even surgery. But more important was the magical side, and this in pagan and Christian temple-resorts alike. The practice of incubation, or sleeping in the sacred precinct, during which the healing god appears in a vision for which the patient has been psychologically prepared, shows a typical admixture of magic and religion. The same appears in the use of votive offerings, talismans, incantations, name-magic, etc. in the process of healing. Both empirical medicine and real psychological insight were developed in connection with these practices.

I want to suggest definitions of the religious, the magical, and the natural way of healing, in order to disentangle some of these age-old confusions without doing violence to the complexity of the situation. Indeed, I want to show also why the theoretically clear distinctions are so difficult of application to reality. That the confusions persist in contemporary thinking is very plain. Thus, Dawson writes: "Healing in all its branches has always been . . . a process requiring the combination of scientific and religious factors."[9] To prove this he cites, for example,

7. *Ibid.*, p. 71.
8. *Ibid.*, p. 89.
9. Dawson, *op. cit.*, p. viii.

the "faith-healing" of witch doctors. But this is just the question, whether such magical healing can be called real "faith-healing," instead of healing by suggestion, and whether it should not be sharply distinguished from religious healing as healing in a genuine state of faith. A battle with magic weapons between two "ghost-shooters" for the life of a man can hardly be called a religious battle, it seems to me, or the suggestive power of such combatants a religious influence. There may be more of a numinous experience involved when the illness is due to the infraction of a taboo, and the healing to a magic reconciliation with the guardians of the taboo. Yet the substance of the event here too is magical and not religious, even though religious feelings may accompany it. Again, it is natural and not religious healing that Herophilus has in mind when he says that medical drugs are the hands of the gods, although the accompanying interpretation is expressed in religious terms. We may compare this with a statement of Hiltner's today, which says: "All healing comes from the *vis medicatrix naturae* or the *vis medicatrix Dei*, the healing power of nature or of God, depending upon whether we are making an empirical or a religious statement."[10] But to derive magical and scientific healing from the Ultimate is not to produce a case of religious healing. And a religious statement about healing is not, ipso facto, a statement about religious healing.

Before proceeding to our work of distinction, it may be well to add just a word of reminder as to the gravity of the problem. Thus, from the side of psychiatry, Zilboorg writes: "The union of religion and psychology is a very old phenomenon, and it was destined to play a critical and almost fatal role in the history of psychiatry."[11] Its consequence was "The fusion of insanity, witchcraft, and heresy into one concept."[12] But there is also an opposite danger, namely to lose sight of the psychic in the bodily, as happened in the school of the "brain-mythologists." As Zilboorg puts it: "Medicine captured psychiatry, brought it into its scientific empire, and offered it rights of citizenship only on the condition that it learn the language and submit to the administration . . . [but] any appearance of psychology was considered an intrusion or an illegal importation."[13] In our own words, the history is this: Empirical

10. Hiltner, *op. cit.*, p. 100.
11. Gregory Zilboorg, *A History of Medical Psychology* (New York, 1941), p. 33.
12. *Ibid.*, p. 155.
13. *Ibid.*, pp. 354 f.

medicine slowly became independent and cut off from religion, while for a time the psychic realm was taken over by religion. At last after its very late liberation from religion, it was taken over by its liberator, empirical medicine, so that now a second liberation has become necessary.

2. *The distinction between magic and religion, suggestion and faith.*

We make a sharp distinction between magic and religion. Magic is "a universal attitude toward the universe."[14] "It was primitive man's philosophy. It was his attitude toward nature. Everybody was a magician."[15] Magic was not only theory, however, it was also a technical method of dealing with natural objects, including men. It was a world-view, not a religion. Magic healing is in itself no more religious than physical healing; it is an art, a technique, presupposing a theory about the causes of illness.

The essence of this theory of magic can be described as *the belief in a sympathetic interdependence of all parts of the universe.* This definition, of course, presupposes a high degree of abstraction, and did not appear before the development of rational philosophy. But the existence of the belief itself is as old as the known history of mankind. The definition is derived from the world-view of the later Stoics, for instance, Poseidonios, for whom the universe is a single living whole in which every part is related to every other part in such a way that it can indicate the state of the other part and of the whole. In this way one can speak of a "cosmic symptomology": everything is a symptom of the state of everything else.

This is also the key to astrological belief, and its tremendous influence on the history of medicine. We never shall understand astrology, if we use for its interpretation the category of causality instead of that of analogy, and if we forget the presupposition of a cosmic sympathy. The qualities of the stars are represented in special ways in the different things and their qualities on earth. To know these qualities, to get them in pure form out of their surroundings is another phase of the magician's art. Alchemy is an offspring of this side of the magic world-view. And here again we must avoid the categories of our chemical

14. Lynn Thorndike, *The Place of Magic in the Intellectual History of Europe* (New York, 1905), p. 34.

15. *Ibid.*, p. 29.

thinking, especially that of substance. The hidden qualities of things are their special powers in the whole of sympathetic interrelations. Alchemy tries to discover not only these special powers, but also the highest, most valuable power, and to use it for the transformation of qualities, and, of course, for healing and other exercise of magical influence.

A Christian Neoplatonic bishop, Synesios, says: "Things besides being signs *of* each other have magic power *over* each other." He says this in his book on dreams, in which he praises the help he himself has received from them, and uses them as a proof of the power of divination. But here again we must not use our concept of ego. The universal sympathetic interdependence, that we find supposed everywhere from the most primitive tribes to the most refined of the Stoics and Neoplatonists, becomes unintelligible if we imagine that the sympathetic relation between beings is a relation between "egos" in the sense of individuals centered in their own consciousness. *Sympathein* (i.e., *pathein,* receiving influences, and *sym,* in direct contact and not through physical mediation) means a psychic participation in the other being, in knowing and acting. "Psychic" is here used, as it always should be, (1) *not* in the sense of occultistic, and (2) *not* in the sense of consciousness, but (3) as designating the sphere between the biological and the mental, as representing a middle sphere in which both these participate. This middle sphere can no longer be called "soul," since the Augustinian-Franciscan-Cartesian separation of soul and body has led to an identification of soul and mind. The idea of a psychic participation of beings in each other by sympathetic contact excludes the application, not only of the notions of causality, substance, and ego in their ordinary sense, but also of the category of identity. For the concept of sympathetic contact breaks through the categorical idea of the exclusiveness of things and persons. The concept of "mystical participation," which Levy-Bruhl, in describing primitive mentality, calls one of non-Aristotelian logic, is rather one of a non-Aristotelian ontology, namely a magic one. This is especially important for the understanding of "spirits" in magic. He who exercises magical power is able to impose his will on spirits, and especially upon unclean or evil spirits. Spirits are not egos, nor are they things in terms of physical reality. They are forces of a psychic character. *Pneumata, Geister, Ghosts,* are terms pointing to a nature which is neither mental nor physical, neither universal nor individual. "Breath,"

the root from which these words are derived, refers to the life-spirit, a sphere between the biological and the mental.

It is worth while to note that not even Descartes could complete his doctrine of man without calling in the mediating power of the vital spirit. Furthermore, it is wrong to call spirits living beings, thereby using the category of thing, a derivate from substance. The spirits are psychic forces *in* things, but not things themselves. This point leads to a further critical observation about the categorial structure of magic-sympathetic thinking, which is important in view of the reproof of superstition raised against it. The magical world-view appears superstitious if interpreted in terms of the category of "thing," or in terms of the categories which constitute the objective world of scientific analysis and rational technique. The idea of spirits as things or persons is a superstition. But spirits as psychic forces are a reality, or, at least, a potentiality. The transformation of a psychic force into a being with the character of a thing or person may be considered a "projection." And superstition in magic, as well as in religion, is the establishment of projections as objects. But if this be prevented, then elements of the magic-sympathetic world-view can be taken seriously again, for as Jung says: "Instead of being exposed to wild beasts, man is exposed today to the elemental forces of his own psyche. Psychic life is a world-power, that exceeds by many times all the powers of the earth."[16]

It seems to me most important for the whole problem of religion and health to recognize that the magical world-view is not religion, no more nor less so than is the physical world-view. It was in the name of religion, as well as of science, that Robert Boyle fought against the Hippocratean "physics" and the Paracelsian "archaeus" as idols set up between God and the world. The word "nature," which before Leibnitz and Kant had magical connotations, should be replaced, he said, by the word "mechanism" coined by Boyle himself. God made the world as a mechanism of great perfection but without a power of its own. This synthesis of a Calvinistic and a Cartesian attitude toward nature shows that religion can accept a scientific world-view as well as a magical one. Religion is not magic and magic is not religion. *Religion is the relation to something ultimate, unconditioned, transcendent.* The religious attitude is consciousness of *dependence* (cf. Schleier-

16. Carl G. Jung, *The Integration of the Personality* (New York, 1940), p. 293.

macher's unconditional dependence), *surrender* (cf. Eckhard's *Entwerdung*, mystical annihilation, or Calvin's absolute obedience), *acceptance* (cf. Luther's taking, not giving, as first in religion). It concerns the whole man, is person-centered and ethical.

Stated in this way, the distinction between religion and magic is a clear and simple one. Magic is a special kind of interrelation between finite powers; religion is the human relation to the infinite power and value. Magic can be creative and destructive, while religion stands essentially against the destructive powers. Magic is the exercise of immanent power, religion is the subjection to the transcendent power, etc. But these differences are clearly visible only on the basis of a religious development in which prophetic or mystical criticism has definitely established the unconditional character of the Unconditioned, or the ultimate character of the Ultimate. And even then, the distinction is permanently endangered from two sides. First, there is the necessity that the transcendent manifests itself concretely, and, thereupon, these concrete manifestations become for the religious imagination magic powers. And secondly, there is the natural desire of man to gain power over the divine, thus making it an object of magical practices.

The divine beings or gods are the most important example of the first danger. They are bearers of the Ultimate in being and in what ought to be, the two sides of every religion. But they are, at the same time, "powers," whose plurality indicates that none of them is really ultimate. Thus, they represent religious meaning, but in magic terms. The prophetic, as well as the mystical, battle against so-called polytheism was the world-historical way of liberating religion from identification with magic. But this battle can never come to an end, for the necessary ambiguity of every image of the divine is a permanent problem of religion, philosophy, and theory of man. On the subjective side, if dreams and visions of a typically psychic character play the role of means of religious revelation, then the spiritual is experienced in the form of the psychic. Hence, religion must pay continuous attention to the criteria of revelatory experiences. If they belong only to the universe of sympathy, which is the psychic universe, they can not be considered revelations in the religious sense. But if, in spite of having the general structure of magical sympathy, they are the bearers of *an*

ultimate, unconditioned concern, then they are religious. Spiritualistic movements and their assumed revelations keep the necessity of a criterion very urgently before both theology and psychology.

Examples of the second danger to a true concept of religion, arising from the human attempt to gain a magical influence over the divine powers, are abundant. The magical distortion of prayer, from a form of union with the Ultimate symbolized as divine will or divine ground, into a form of using higher powers for personal purposes, is not only one of the most obvious phenomena in the history of religion, but it is a continuous temptation in every high religion, and every Christian minister can witness to it. The form of prayer necessarily has this ambiguity, which can not lead religion, however, to the dropping of this form, as some radical Protestant theologians are inclined to do, but only to a continuous attention to the danger of confusing the magical and the religious. Equally refined is the amalgamation of these two in the sacramental sphere. The Reformers attacked the magical distortion of the sacraments in the Roman church. For them the idea that the sacraments have an effect beyond the conscious center of the personality through their mere performance *(opus operatum)* was magic. Instead of it, they demanded the "word" which appeals to consciousness and evokes man's answer in a personal decision. Thereby they left to Protestant theology the practically unsolved problem of the meaning of the sacraments.

The examples show that, while the distinction between religion and magic is logically unambiguous, in reality there is always a certain ambiguity to be overcome. But the last example can help us to make still another step. The tension between a religion of the word and a religion of the sacrament indicates a polarity in the nature of religion itself. Indeed, exclusive emphasis on the person-centered pole in Protestantism and some types of Judaism, found opposition, not only from the Catholic and semi-Catholic side, but also from within these groups themselves. Schleiermacher's definition of religion as a kind of feeling, rightly interpreted by Rudolf Otto as "numinous" experience, was one inroad from the other pole within Protestantism. Others are seen in movements for liturgical reform and for religious healing. It appears very significant that, according to Professor Murray of Harvard, "the tendency to form complexes is on the average most frequent in

Jews, Protestants occupying the second place, and Catholics only the third."*

A widespread interpretation of magic holds it to be true in principle in so far as it is based on "suggestion," perhaps including telepathy. This assumption has weight because it would explain a great deal of the effectiveness of magical practices, especially in the realm of healing. It is important to note that this explanation involves re-establishing a sphere in which man is neither mind nor body in the Cartesian sense, but something intermediate. "To suggest" (i.e., to bring under the skin, *sc.*, into the unconscious) has a double meaning. On the one hand, it designates a hint, an insinuation, a proposal whereby the freedom of him who receives the suggestion is preserved. On the other hand, it designates the introduction or stimulation of an idea or impulse in somebody whereby his freedom is disregarded. The second concept is the important one for our problem, but in many, perhaps in most cases, there is no sharp boundary line between the two meanings. A suggested idea is accepted with the help of the suggestive power of somebody. The role of suggestion in the cause and treatment of disease among primitives and among ourselves is not very different, thinks Rivers.[17] Hypnotism is an extreme case of suggestion, and, according to Rivers, even if this extreme form is not used, the action of suggestion in any form of medical treatment can never be excluded. According to Myers, suggestion can be defined as "the process of effectively impressing upon the subliminal intelligence the wishes of a man's own supraliminal self or that of some other person."[18] The concept of "magnetism," used by Paracelsus and Mesmer, points to the same thing that Maxwell recommended as sympathetic cure by external and internal suggestion. From the temple incubation at the Asclepian center in Kos to the miraculous cures of Our Lady of Lourdes, suggestion, through dreams, visions, and religious faith, has played an important part. Dawson sums up his ideas in this statement: "The entire outlook on life may be altered by the practice of religious suggestions, especially autosuggestions."[19]

* Editor's note: This generalization and its interpretation were disputed in the Seminar discussion as statistically unreliable and ambiguous in probable significance.

17. W. H. R. Rivers, *Medicine, Magic, and Religion* (London, 1924), p. 50.

18. Dawson, *op. cit.*, p. 294.

19. *Ibid.*, p. 304.

But, beyond both of these forms of suggestion, the highest healing power is that of faith, because this involves the spiritual center of man. The ambiguity of the whole situation is thus indicated, for the magical and the religious spheres are again seen to merge in what is called "religious suggestion." Yet Hiltner is right in stressing that genuine religious healing is not by suggestion. We must ask, however, is it without suggestion? I myself do not believe that this is ever possible. For, besides the conscious acceptance of an idea or a demand, elements of the situation always sink into the unconscious and have effects. The suggestive power of a Catholic mass in a medieval cathedral, or of a revivalist in a denominational camp-meeting, or of a minister alongside a sickbed are realities which can not be denied or removed by religious purism. But the question must be raised whether the elements which grasp the unconscious are bearers of the Ultimate, and whether they are received by the total personality instead of remaining strange bodies within it.

By holding on to this question a decision can be given concerning the relation of healing by suggestion and healing by faith. But, first, it is necessary to liberate the word "faith" from all inferior connotations (e.g., as opinion without much evidence, or acceptance of authorities on irrational grounds, or subjection to foreign or auto-suggestion), and to restore it to its true religious sense, in which faith is the state of being grasped by the Ultimate. Then we can say that healing in the spiritual or genuine religious sense is mediated by faith. And this act of being made whole in relation to the ultimate ground and meaning of our existence influences all sides of our personality in the direction of wholeness, psyche, mind, and body. But the term "faith-healing" becomes inappropriate for such an event. For it is ordinarily used for cases of an evidently suggestive character, and healing with religious material through suggestion is not religious healing in the sense just indicated. In every case it is necessary to ask how faith and suggestion are related to each other. The suggested material may appear in an act of genuine faith, or it may not. And, likewise, healing through auto-suggestion with religious ideas may be an occasion for faith, or, again, a factor working against real faith.

3. *A note on ecstasy.*

The ancient physicians and medical philosophers took a keen interest in excessive emotions and their ambiguous character. Emotionally

violent love was considered a kind of mental disease wherein the boundary between creative and restructive alienation became dubious. Plato says that where the action of the soul is too strong, it attracts the body so powerfully that it throws it into a consuming state, and either divine mania or mental illness is the result. Aristotle believed that mental illness often adds to the creative functioning of a personality. Similarly, in the New Testament some of the demoniacs recognize Jesus as the Christ better than do normal people. In early Christianity the mentally ill were, for a certain time, cherished as holy. Charcot called ecstatic individuals among the mentally disturbed the "aristocrats of the possessed." In the debates between the somatologists and the psychologists (or between the "brain-mythologists" and the "theologians," as they called each other!) the problem of the boundary line between creative and destructive "insanity" played a great role. "The genius may be insane and yet be a genius, a valuable, if not at times the most valuable, asset to civilization,"[20] says Zilboorg. He rightly points to the many mentally ill geniuses at the end of the nineteenth century. Reil goes even farther, and demands a kind of mental illness of every man as the starting-point of an intellectual life.

There was and still is a fear today that psychoanalysis may make a man normal and insignificant. The problem is very important from the point of view of the relation between religion and health, because experience of the Ultimate essentially and necessarily has some ecstatic character. Thus the question arises in what way is religion healthy and in what way not, and again what is the relation between creative and destructive ecstasy. The question has a bearing upon the theory of depth-psychology itself. For if the interpretation of insanity as the breaking of the unconscious into consciousness is right, and genius and religious ecstasy are also interpreted similarly, then there must be assumed either two aspects of the unconscious, or two ways of the invasion of consciousness by the unconscious: a creative, divine one, and a destructive, demonic one. Judged by a spiritual standard, in either case the unconscious as such, or its way of acting, its darkness and primitivity, exhibits a dubious character.

4. *Concepts of nature and their implications.*

In connection with Boyle's attack on Paracelsus and Hippocrates we

20. Zilboorg, *op. cit.*, p. 463.

have already pointed to the ambiguity of the concept of "nature." It involves more than two milleniums of battle between the Pythagorean-Platonic and the Aristotelean-Hippocratean understanding of nature. The very fact that neither could prevail decisively against the other, and that today the theory of *Gestalt* and the rediscovery of the psychic realm has deprived the quantitative-mechanistic definition of nature of its seemingly uncontested victory, shows that nature has two faces, the one turned toward matter, the other toward the soul. Plotinus' metaphysical symbolism is right when he says that the bodily world is posited between *psychē* and *hylē*. Descartes removed the psychic sphere by calling the soul the conscious ego and denying to it the face turned to the psyche, and, by calling nature a mechanism and denying to it the face which it also turns psyche-ward. We have already seen that both concepts of nature, the mechanical and the vital, are compatible with religion. But there is a strong affinity, on the one hand, between the "religion of the word" and the Cartesian concept of nature, and on the other, between the Paracelsian nature concept and the "religion of the sacrament." And in Cartesian terms it is difficult to make of religious healing more than an inexplicable act of divine providence.

5. *A note on psychotherapy and freedom.*

A further reason for the cutting off of medicine from the psyche was the protest of jurists against a medical interpretation of mental disturbances. They wanted to maintain the responsibility of witches and sorcerers for their acts, and freedom of decision seemed to be endangered by medical interpretations. So the famous Bodin, in his defense of demonology against the enlightened attacks of Johann Weyer, who said "the witches are mentally sick people," prophesied the breakdown of penal jurisprudence and of general morals, if medical determinism were applied to the explanation of mental disorder. Today the same discussion is going on between psychotherapists and religious or secular representatives of moral and social conformism. Psychological explanations seem to destroy responsibility. Psychic mechanisms, compulsions, and their methodological healing seem to deny personal freedom. To this Zilboorg answers that the psychic apparatus is not the soul in the spiritual sense, but an "organ," and that deficiencies or malfunctions of this psychic organ vitiate the free exercise of the will as much as do those of the brain. This is not altogether convincing, because the

psychic drives have not the same relation to the conscious center of personality as the brain has to the psychological functions. Yet Zilboorg is seeking for the solution in a right direction. The question which must be asked, and which will be asked in the context of our last section, is this: In how far is the conscious center of the personality the resultant of unconscious factors, individual and collective, and in how far are these factors directed towards the unity of the personal center? The same question has been raised above in connection with the problem of creative ecstasy. On the answer to this problem depends the practical attitude of the healer toward the amount of freedom he can presuppose and use in working for a new balance in the patient, and the further evaluation of moral and religious means as influencing neurotics.

III

DIVERGENT HISTORICAL TRENDS LEADING TO A BASIC QUESTION

In the history of religion and healing there are certain trends which are important for the understanding of our present situation. There is a trend, which appears in religion as well as in healing, toward an idea and ideal of purity, and there is a different trend in both toward another idea and ideal of harmony. Each of these will be briefly discussed. And then the conflict of these divergent trends will be discussed as leading to the central problem of their theory of man, namely, whether he is a dynamic unity or a static composite.

1. *The trend toward the idea of purity.*

The demand for purity is effective on different levels. In biblical accounts one can distinguish the physical cleanness of the body; an antiseptic cleanness of sanitation; medical cleanness (as when certified by the priest in cases of leprosy); psychic cleanness (after the exorcism of demonic possession); ritual cleanness (such as menstrual taboos, etc.); dietary cleanness (in which sanitary and ritual elements are united); cleanness of heart (that is, of the whole personality, which is the condition for the indwelling of the divine spirit and the vision of God); moral cleanness (especially related to the sexual realm); sacramental cleanness (such as baptism and other rites of purification in which moral and ritual elements are united); the cleanness of holiness (which is divine,

and can be recovered by man only through divine forgiveness, and the purging of impure elements from the soul and the community).

But in all these cases, the simple physical image of a foreign body intruding into the realm of the "whole," is presupposed: filth, infection, contagion, demonic influences, black magic, forbidden food, sexual or idolatrous pollution, and finally, "sin" as an objective, half-demonic reality. On the basis of this symbolism, healing and salvation take on the character of purification. All the various levels on which the idea of cleanness appears can be found in the Persian-Jewish-Christian development. (The "dirty monk" who, for ascetic reasons, boasts of his bodily uncleanliness, and whose soul often reveals the same uncleanness, is not genuinely Christian, but the result of an invasion of Oriental asceticism, for which the body as such is unclean. It is in fundamental contradiction to the teaching of the Old Testament.) But the different levels may become independent, and when they do, distortions of the idea of cleanness occur, some of them fateful. Thus modern Protestantism, especially of the Anglo-Saxon type, created a cult of physical cleanness, with extreme emphasis on moral purity, but largely unaware of the infected soul with its "unclean spirits." In Lutheranism, the exclusive emphasis on the clean conscience through the forgiveness of sins, overlooks uncleanness in the moral and psychic realms. Modern medicine brought antiseptic cleanness to perfection, but it was not interested in psychological purification, or cleanness of the "heart." The Church stressed ritual and sacramental purification more and more, to the increasing neglect of cleanness of heart and of holiness. Most dangerous was the fear of unclean spirits and their magic which produced the witchcraft delusion of the Middle Ages, and resulted in persecution of the mentally ill (the bearers of non-ecclesiastical magic power), as well as of heretics. Since this kind of possession involves the whole personality (including the body) except the "immortal soul," which could still be saved, burning was the logical method of eliminating demonic uncleanness from the victim, and from society.

This short survey of the idea of purity in religion and healing has shown that religious symbolism is not an accidental imagery which could be replaced by other images, but is rooted in a real unity of the realm from which the symbols are taken (the bodily sphere) with the realm in which they function (the mental sphere). The well-known neurotic type of compulsive cleanliness and the corresponding psychological type are

not just types of individuals, but are, also, potential bearers of objective values, and potential forces of destruction of values. Although the relation between the different levels of cleanness is by no means that of simple interdependence, still less is it that of simple indifference. Healing and salvation, as well, are "states of cleanness."

2. *The trend toward harmony in religion and healing.*

The implication of "uncleanness" is that a disturbing factor has penetrated into the "whole" from outside, but equally plausible, and even more important, is the idea of disturbances in the "whole" itself. This presupposes that the "whole" is a harmony of contrasting forces. This idea was first expressed in connection with health, bodily and psychic, by the Pythagorean Alkmaion, in his concept of "isonomy." Later it became the basis of the great development of Greek medicine in Hippocrates and Galen, who considered disease as a disturbance of the harmonious constitution of the body based on the balance of *dynameis,* or juices. The task of medicine was to discover the types of deviation from the normal, harmonious structure, which is analogous to the harmony in music, sculpture, and personal ethos. This led to the identification of health and beauty, and to the oft abused formula, *Mens sana in corpore sano.* In spite of his hostility toward the academically fixed and traditionally authoritative medicine of Galen, Paracelsus accepts the idea of "dynamic harmony" in his medical-religious world view. Gundolf says, "As a theologian and as a physician, he deals not with concepts or things but with forces."[21] "He did not seek for substances like the ancients, nor for laws like the moderns, but for forces"; He was equally removed from the "magic concepts" still powerful in his period, and from the mechanical causality which grew powerful after him."[22] But he saw the harmony of the body within the frame of the larger harmony of the cosmos, for the "Macrocosmos is often ill like the microcosmos." The physician must, therefore, know all the forces of life, in stones and metals, in plants and animals, in man individual and social, up to God and Satan.

We find this dynamic harmonism again in romantic medicine (and theology), especially in the romantic psychotherapists, Gross, Ideler, and Feuchtersleben, of whom Zilboorg says, "These generations [1800-1850] spoke the very language which the majority of the medical psychologists

21. Gundolf, *op. cit.,* p. 52.
22. *Ibid.,* p. 101.

of the fifth decade of the twentieth century speak."[23] They knew about "drives of freedom," "strivings to infinity," "diseases of personality," etc. Schelling, the leading philosopher of this period, tried to describe the struggling forces in terms which have at the same time an ontological, biological, and psychological character, following and rationalizing Paracelsus and Boehme, and uniting again the natural, the psychic, and the religious.

The present day dynamic psychology of the unconscious belongs clearly to this line of thought, from which it borrows much conceptual material, especially the basic idea of illness as the disturbance of a dynamic balance by conflicting drives, which it has confirmed empirically. Zilboorg sounds like a psychologized Schelling when he says, "When unconscious psychological reality dominates the real world . . . mental disease occurs."[24] He praises Freud as the discoverer of the *dynamic* power of the unconscious, and says, "The drives are nothing but a mass of undifferentiated impulses which make man move on and live . . ."[25] He expresses the principle of dynamic balance clearly by pointing to the threat to reason "when the psychic apparatus is disturbed in the quantitative relationship of its parts,"[26] or by saying, "the strength of the ego is not to be measured by the keeness of our sensory-motor system, but rather by the ability of the ego to balance and to integrate the drives of the id and the claims of the super-ego."[27] He stresses the point that it is the *integration* of the drives, and not the abolishment of any of them, that brings about health. In Jung's system, the lack of balance between the unconscious and the conscious (or between the "id" and the "ego," to use Freudian terms) is enlarged to cosmic dimensions. This, too, is in the Paracelsus-Schelling line, though Jung himself is careful to avoid ontological statements. But it is difficult to deny ontological implications in his statements concerning the ritual and the dogmatic conceptions of primitive religions, and of Christianity, that "they were dams and walls erected against the dangers of the unconscious, the 'perils of the soul.' "[28] And, in a statement similar to Zilboorg's, he says, "the unconscious is

23. Zilboorg, *op. cit.*, p. 480.
24. *Ibid.*, p. 489.
25. Zilboorg, *Mind, Medicine and Man* (New York, 1943), p. 82.
26. *Ibid.*, p. 329.
27. *Ibid.*, p. 103.
28. Jung, *op. cit.*, p. 71.

capable of taking over the rôle of the ego. The result of this exchange is chaos and destruction . . ."[29]

Paracelsus was interested in the diseases of special social groups; so, too, the latest supporters of the principle of dynamic balance, especially in psychiatry, have seen this problem, and have emphasized the interdependence of the individual and the social element in disease and healing. Zilboorg says, "Mental diseases are apparently the only diseases which deserve the appellation of social diseases. . . . A psychological conflict leading to disease cannot but use as its vehicle the sum total of the cultural problems which are characteristic of the individual's age."[30] This phrasing is more cautious than that of Freud, who believed in neuroses and psychoses of a civilization, and considered religion as a mass neurosis. Zilboorg calls this "organic anthropomorphism" and says, "A community can no more suffer from a neurosis than it can suffer from pneumonia."[31] Nevertheless, he admits that "any society which would offer no outlets to our repressed, forbidden drives would probably crumble under the very weight of the accumulated power of undischarged drives,"[32] and that "the culture of our day militates to a great extent against the truly genital integration of man's instinctual life."[33] Quotations in a similar vein from Hiltner, Horney, and Fromm, could be multiplied at will, not to mention Jung's conception of the "collective unconscious."

In the religious sphere, the classical expression for wholeness is "the peace of God" which, according to St. Paul, exceeds all *nous* (rational understanding), and which is able to safeguard the heart (the center of personality) and the *noemata* (acts of rational understanding). The "peace of God" (or "peace of Christ") is the exact opposite of "man against himself." It is "man *reconciled*" and thereby re-established in his essential and created harmony. Without using the word peace, Hiltner sums up the function of religious healing in the following description: "Real spiritual healing brings forgiveness, . . . after the real guiltiness has been recognized, . . . reorganization, after the powerful elements of disorganization have been investigated, . . . love, after one's capaci-

29. *Ibid.*, p. 7.
30. Zilboorg, *A History of Medical Psychology*, p. 523.
31. Idem, *Mind, Medicine and Man*, p. 198.
32. *Ibid.*, p. 211.
33. *Ibid.*, p. 223.

ties for hostility have been seen, . . . security, after one's anxieties have been understood."[34] Similarly, in his defense of religion against Freud's "self-contradictory" attacks, Zilboorg says: "Both religion and psychoanalysis . . . seek the path that would lead to serenity; . . . both seem to have solved the problem on the basis of the same principle, . . . love."[35] He might have quoted Plato: "Harmonious love between the elements is the source of health; wanton love, the source of disease."

If we compare the idea of harmony with the idea of purity in its function for religion and medicine, we find that the trend toward divergence of the various realms in which cleanness is demanded has no analogy in the functioning of the idea of harmony. On the contrary, wherever the latter idea is predominant, religious and medical healing are convergent. So it is today; so it was in the age of Romanticism, in the Renaissance, and in Pythagoreanism. The reason for this is obvious: bodily infection is understandable without reference to the personality as a whole, but the inner disturbance of a given harmony drives beyond any peripheral causation to the central cause, the personality itself. But neither of these historical ideas proved decisive for the union or separation of religion and healing. What was and is decisive is the question of whether man must be considered as a dynamic unity of diverse elements, or as a static composite of different parts. If the first alternative be accepted, religion, psychiatry, and medicine are united, though not identified; if the second be accepted, religion and medicine are separated, and psychiatry is swallowed up by one or the other.

3. *Is man a dynamic unity or a static composite?*

A few of Stefan Zweig's sweeping statements may serve to pose the question:

> The physician puts himself beside the priest, and very soon against him. . . . Disease is no longer something which concerns the whole man, but something which hits one of his organs. . . . The laboratory keeps the doctor from a practical insight into the personality of the patient; the hospital keeps him from a personal contact with the patient. The family doctor, who knew the human being is the sick person, and in whom a kind of union of priest and healer had survived, is speedily disappearing. . . . The expert in every section of body and soul replaces him. But the more technical, scientific, and departmental medicine

34. Hiltner, *op. cit.*, p. 101.

35. Zilboorg, *Mind, Medicine and Man*, pp. 308 f.

becomes, the more the people react against it. They mind it that the healer has become a scientist, they feel instinctively that disease is not localized but concerns the whole constitution, the body as well as psyche and spirit.[36]

It is along the same line when Sigerist shows how different classical Greek medicine was from ours. It was "constitutional" and not "organic" medicine. Hippocrates' *Prognosticon* introduces total diagnosis, instead of inspection of the urine. For the Greeks, healing was basically an *art*, and, as Sigerist says, "The medical art is much less dependent on the medical science than is usually supposed. The art is the eternal in medicine."[37] Today "science is in the process of strangling the medical art."[38] But even more, healing is not dependent on the physician (only a small proportion of the sick go to a physician); there is self-healing, medical folk-lore, and religious healing, all of which trespass upon the domain of medical science and art. Significant was the lack of anatomy in Greece, which prevented the treatment of "sick organs" instead of sick people, and created a strong emphasis on dietetics and hygiene of body and soul.

In contradistinction to the lack of anatomy in Greek medicine, modern medicine is completely tied to anatomy. Sigerist remarks that the Occident found its proper medical expression in the anatomic principle.[39] It is significant that Vesalius calls his classical book on anatomy *De corporis humani fabrica.* Surgery is the practical consequence, and its triumphant successes the confirmation of this ideal. Using the knife is correcting anatomically. All attempts to withdraw from the anatomical ideal were without success. Even a physiologist like William Harvey, discoverer of the circulation of the blood, created only a dynamic anatomy, an *anatomia animata,* in the baroque style.[40] The victory of the anatomic ideal was decided by Descartes, with his elimination of the realm of the psychic for the sake of pure consciousness on the one hand, and pure extension on the other. The body, belonging to the realm of extension, became a machine of which the parts could be amended without affecting the whole. The mind, on the other hand, was the object of

36. Stefan Zweig, *Die Heiling durch den Geist* (Leipzig, 1931), pp. 12 ff.
37. Henry E. Sigerist, *Antike Heilkunde* (Munich, 1927), p. 29.
38. *Ibid.*, p. 47.
39. Charles Singer and H. E. Sigerist, eds., *Essays on the History of Medicine* (Zürich, 1924), p. 198.
40. Sigerist, *Grosse Ärtze* (Munich, 1932), p. 103.

a psychology of consciousness, while the whole realm between was eliminated by an act of extreme philosophical radicalism.[41] Philosophers of this school "divided man sharply into a body and a soul, . . . they were purely materialistic when they looked at the body, and as purely idealistic when they contemplated the soul."[42] "An intermediate area between the body and the soul and yet within the perishable frame of man seemed to them unthinkable."[43]

This indicates that the basic problem in the relation of religion and health is the "intermediate area," the psychic, including the unconscious, the "drives,"—that which is open to magic or psychotherapy. The whole doctrine of man is centered in this problem, and so is medical anthropology. It is especially the understanding of mental illness which demands an understanding of the middle area, and of the totality of the human personality. Mental illness has been considered either as a symptom of bodily illness, or of religious and moral depravity. In the first case, it was in the hands of the physicians; in the second, in the hands of priests, educators, and judges. The two solutions exhausted the possibilities: since the "soul" was not distinguished from the psyche, it could not become ill; if there was illness, it was bodily; if not, mental derangement must be regarded as the fall of the immortal soul. In no case could a *mental* illness be imagined.

But the situation was not really as simple as that. In spite of the moral character of mental illness (still effective in the popular attitude toward psychotics and neurotics), it is different from other forms of immorality: it has the character of "possession." This does not make it less but *more* punishable, but the method of dealing with it is different. The healing of possession has magic-exorcistic character, and is neither merely natural nor merely moral. Awareness of the middle sphere thus existed and was often expressed, but a method of dealing with it directly and independently of body and spirit was lacking. "Psychiatry, almost from the moment it was delivered from the womb of medicine in the days of Hippocrates, was kidnapped and brought up in the strange home of theology and in the flowery, multi-colored gardens of abstract philosophy."[44] But, in spite of its captivity, it survived and left its traces in the

41. George Santayana, *Some Turns of Thought in Modern Philosophy* (New York, 1933), p. 31.
42. Zilboorg, *Mind, Medicine and Man*, p. 330.
43. *Ibid.*
44. Idem, *A History of Medical Psychology*, p. 229.

history of religion and medicine, for the reality on which it is based cannot be destroyed: that middle area, which decides for man's unity against his division, and which, therefore, is also the condition of the unity of religion and medicine. Hippocrates recognized the physical cause of epilepsy, the traditionally "sacred disease," and is often regarded as the father of a medicine which separated itself not only from psychiatry but also from religion. But, on the contrary, he knew about the influence of the passions, and their affects on the production of disease, and this knowledge was no lost for a long time.

We find a continuing awareness of the special character of mental disease in Cicero (*Tusculana* III), for instance: "Why is it that this art has so badly neglected the . . . healing of the soul . . . what bodily diseases can be more serious than those two diseases of distress and desire?" He even protests against the word, melancholy, because it is not purely psychological. There were excellent observations concerning the dynamics of drives and mental disease as affecting the whole personality in such writers as Plutarch, Celsus, and Aretaeus, but the revival of oriental demonology in the noble form of Neoplatonism was too strong. Caelius speaks already of a special type of demon who seduces women.[45] "Psychiatry finally became a study of the ways and means of the devil and his cohorts." The magic realm was occupied by religion, and exorcism became a main way of healing. "The clergy excluded psychiatry from medicine but was unable to abolish it. It merely reappeared under the name of demonology."[46] This is confirmed by the fact that Charcot, in his description of "major hysteria," could include the *stigmata diaboli* from medieval books on demonology.

In order to understand this merger of religion and psychiatry, we must keep in mind that the magic powers in the Neoplatonic system, though not the Ultimate, are degrees leading to it. They are semi-divine, and that means, from a monotheistic point of view, demonic beings usurping divine quality. This is the reason why demonic possession and heresy (service of a demonic deity) could be identified, and both found in some cases of mental illness. The battle against mental disease had become an inner religious battle; the psychic and the spiritual were united, but both were separated from medicine. If the physician could not find a physical

45. *Ibid.*, p. 108.
46. *Ibid.*, p. 109.

cause for mental disturbances, the patient was turned over to the clergy. We can, therefore, say that it was a Christianized Neoplatonism which, by capturing the middle sphere of man, the psychic, first produced the gap between religion and healing. Religious (as well as legal and moral) opposition prevented the rise of psychiatry, even in the seventeenth century. In fact, at this time, philosophy became another factor working in the same direction. Following the Cartesian dichotomy, Kant demanded "that all the insane be turned over to the philosophers and that the medical men stop mixing into the business of the human mind."[47] This is, perhaps, the clearest expression of the loss of the middle sphere —as well as the most absurd! The reply of medicine, of course, could only be to take over the insane completely as people organically sick.

Against both extremes, however, the principle of unity through a middle sphere was maintained and supported by a good deal of empirical evidence. Stahl (about 1770), repelled by the increasing cleavage between body and mind, fought together with Cabanis for the wholeness of man. He discovered the source of mental disease in ideas contrary to the direction of the life force (called repressions today). He found the difference between organic and functional mental diseases, and, with it, an independent realm for psychiatry (a term rejected by the somatologists). From another side came an emphasis on suggestion and autosuggestion as the source of many human reactions, normal and abnormal (Bernheim and the school of Nancy). Here was the connecting link between ancient magic and the most advanced modern view. It would be interesting to show how, in the beginning of the twentieth century, a general attack was made on Cartesian dualism, and largely succeeded. Every realm of knowledge which deals with man as man participated, but in no realm were the weapons used against the idea of man as a static composite as strong and as deadly as those of medical psychology. Since Freud's description of the role of the unconscious in mental diseases and neuroses, the rediscovery of the intermediate sphere has proceeded with irresistible power.

The generally acknowledged term designating the unity of man's being is "personality," and a neurosis is a disturbance of the development of personality. Jung writes: "Behind the neurotic perversion is concealed vocation, destiny, the development of personality."[48] Personality devel-

47. Idem, *Mind, Medicine and Man*, p. 12.
48. Jung, *op. cit.*, p. 301.

ops in an individual as "a unique, indivisible unit, or 'whole man'."[49] The purpose of all healing is the "integration of personality." Personality means wholeness, a vocation performed. Hiltner, in a discussion of psychiatric terminology, decides in favor of "personality illness," or "personality disorder."[50] This includes a demand that physicians and psychiatrists take an interest in "positive health" as well as in "absence of illness,"[51] as is now the case: "A healthy interpretation of religion must be related to the whole personality."[52] Zilboorg expresses the principle of unity thus: "Modern dynamic psychology considers man in his totality and tries not to overlook the spirit in the animal that he is, or the animal in the spirit that he has,"[53] and, "any perpetuation of the old dichotomy of body and mind in medical science must militate against a proper scientific synthesis of psychological problems."[54] The principle of unity has conquered the principle of division, but now we must ask: What is the structure of this unity, and what are its consequences for the relation of religion and health?

IV

THE BASIC PROBLEM

In the course of this discussion, a certain number of problems have shown themselves, and for some of them solutions have been suggested. But the basic question still remains: What is the structural relation of the "middle sphere" of human nature, the "psychic" reality, to the spiritual and bodily realities? If this is answered (provisionally, of course, as in any scientific answer), the relations of the various ways of healing to each other can be derived from it.

It may be helpful here to make use of a model already referred to, which shows the mutual relations of the bodily, psychic, and mental spheres. This model, of which some elements were first conceived by Plotinus, in our context has no more significance than a model in physics or chemistry; it merely simplifies for descriptive purposes things which in reality are infinitely more complex.

49. *Ibid.*, p. 3.
50. Hiltner, *op. cit.*, p. 133.
51. *Ibid.*, p. 82.
52. *Ibid.*, p. 26.
53. Zilboorg, *Mind, Medicine and Man*, p. 226.
54. *Ibid.*, p. 64.

It may be said in a mythical symbol, that, psyche turns one face toward mind and another toward body, and that, in the same way, body turns one face toward psyche and another toward *physis*, while the mind turns one face toward psyche and another toward reason. This indicates that in body, as well as in mind, there is something intimately united with the psychic sphere, and something alien to it and only indirectly united with it. The former assertion is an acceptance of the belief that man is a dynamic unity, while the latter makes it clear how the understanding of man as a static composite could have been developed successfully.

First, however, we must ask the question: What, in the light of our model, is the nature of the bodily or the biological sphere—life in the sense of living beings? Is the life process merely a complex physico-chemical mechanism whose perfection and duration can be enhanced by physical and chemical repairs? Or are the physical and chemical structures used by a "plan," an "entelechy," a "life principle" (which, of course, is not a causality along with others, but the direction in which the causes are effective)? In the first case, bodily medicine alone would suffice; neither from the psychic nor from the mental side could healing influences be expected. In the second case, influencing and strengthening the living organism as a whole would direct the course of physico-chemical causality, and might produce healing effects. The age-old idea of the *vis medicatrix naturae* is in agreement with this presupposition. But the question is, what is this totality of causal chains which is "centered" or "directed" without the aid of an additional causality? The "ontological compulsion" always to apply the causal scheme, even where we must prohibit its use, may prevent us from ever gaining an insight into the nature of a life-centered causality. But, however we describe this structure, the center is not omnipotent, and the body is turned with one face toward *physis*, the physico-chemical realm, open to its influences, in disorder, disintegration, and healing. This is the justification for the relative independence of purely medical methods and the "anatomic pattern" despite criticism from all kinds of "natural healing."

The second question refers to the relationship of the psychic element to the rational element in the nature of the mind. Reason, in the classical sense, is the system of categories, structures, and universals, which have practical and theoretical validity (however the ontological nature of this validity and the possibility of knowing it, is thought of). In each of its acts the mind is related to the reasonable structure of reality, but in

such a way that it drives beyond any special element, and even beyond the universe itself, toward the ultimate ground and meaning of the whole and the special forms within it. This "driving beyond" in asking and receiving is what we mean by religion.

The mind is directed towards the valid norms and structures of reality (the Scholastics called this *intentionalitas*, directedness towards the objectively valid) as the mathematician's mind is directed toward valid equations. But the mind is also directed toward the *bearer* of intentionality, the psyche with its striving forces, for without these psychic forces no mental act is possible. But even more, the contents of the mental acts are determined, not only by the objective structures of reality, but also by the psychic reception of them. How is this possible? It would be impossible if the mind were something like a logical machine—corresponding to the physical machine of the physico-chemical interpretation of life—guided by clear and distinct insights, and misguided by the lack of perfect perceptions. In this case, the psychic sphere could only be regarded as a disturbing element in the operation of the mind. Mental and spiritual healing would be unthinkable. In so far as the mind is concerned, no healing would be needed, only enlightenment (cf. Kant's demand that the mentally ill be turned over to the philosophers), and, in so far as illness is concerned, it would be purely bodily.

The opposite solution regards the contents of the mind as "sublimations" of psychic drives. But the term sublimation is ambiguous; it can deny the objective validity of the results of the sublimation, in which case the "principle of reality" is abandoned, and all the contents of religion and culture are *nothing but* projections of psychic instincts. This is absurd, because it undermines the theory of sublimation as much as any other theory. Or, sublimation may be regarded as the process in which the unconscious drives are united with valid contents, in which case it states the problem of the relation of psyche and mind, but does not solve it. Is there any way of formulating the psychic-mental unity? "Man uses his animal instincts in order to build his loftiest ideals and . . . his loftiest ideals consequently derive their energies from his animal drives, albeit domesticated."[55] This would seem to imply that the instincts are, though in a primitive or undomesticated form, essentially related to the contents of the mind, i.e., to religion and culture. Furthermore, it seems

55. *Ibid.*, p. 226.

to imply that the rational side of mental questioning derives its creative and dynamic power from a prerational element in the mind, which may be called feeling, affect, passion, emotion (the terminology is very unstable). This prerational element would direct the rational element in a specific direction; thus, religion and culture would be based on a *union of structure and passion.* If this formulation is acceptable (though probably no more understandable than life-centered causality), it would be more than mere poetry to say, in the spirit of St. Augustine, that the drives originating in the psyche are restless until they find rest in union with the mind. And mental healing would be the art of helping this union come to pass by guiding the psychic forces in that direction in which, by their very nature, they want to go in order to find rest.

There is something in the structure of mind and reality which transcends itself, not toward another, higher realm, but toward a special qualification of both the prerational and rational elements, i.e., the spiritual. The spiritual is not a sphere outside the mind, as the Unconditioned is not a reality outside the conditioned, nor the Ultimate a stage above the preliminary. The spiritual is a qualification of the mind, the Unconditioned is a dimension of the conditioned, and the Ultimate is the point of reference for everything preliminary. All creations of the mind have such a spiritual element, in so far as they have an ultimate meaning and significance. Therefore, any attempt to guide the psychic drives must take into consideration not only the mental contents as such, but also their hidden or manifest spiritual qualification.

Spiritual healing is the depth-dimension of mental healing; it is potentially, if not actually present, whether it expresses itself in the seriousness and profundity of the psycho-therapeutic situation, or in explicit religious manifestations. However, it is also true that mental healing—and through it bodily healing—is a potential, though not always actual, consequence of spiritual healing, whether an intentional one, as in religious counselling, or unintentionally produced by preaching and liturgy. These distinctions should prevent a confusion of functions: the spirituality of a psychiatric situation is not dependent on any religious reference; nor is the psychic power of a religious situation dependent on any psychiatric reference.

And now we must introduce a great simplification of our model. We must say that the face the psyche turns toward the body, and the face the body turns toward the psyche, constitute a common sphere; and that

the face the psyche turns toward the mind, and the face the mind turns toward the psyche, also constitute a common sphere. The vital and the unconscious drives are the same, seen from two sides; and the prerational process of the mind and the conscious process of the psyche are the same, seen from two sides. The latter statement is corroborated by Zilboorg: "A psychological phenomenon is a biological function for which no specialized organ is found in the living organism."[56] "Fear, love, hatred, admiration, sense of guilt and remorse, sense of righteousness and indignation, compassion and contempt—every shade of human emotions"[57] are total functions, and, as such, are the concern of the psychiatrist.

There is, consequently, psychic reality in the body and in the mind, the first, unconscious, the second, conscious, and the question which finally must be answered is: How are these two sides related to each other? The answer, derived from our model, must be: The unconscious becomes actually what it potentially is, and for which it strives, by reaching the state of consciousness; and the consciousness includes the potentialities driving within the unconscious as its vital reservoir. Potentiality is not actuality, but neither is it nothing; it is *potentia,* power: the most destructive power, if it conquers the mental unity of consciousness after having been repressed; the most creative power, if it enters and widens the consciousness through union with the objective structures of reality. The success of this union determines the integration (or disintegration) of the personality; it decides between disease and health, and between destruction and salvation.

In describing the model which is supposed to represent the dynamic unity of man, I have avoided the terms "ego," "self," "superego," and I have but seldom used the term "personality," for the reason that each of these terms has obvious ambiguities, and requires constant revision of its connotations. "Ego" has the epistemological connotation of the Cartesian *ego cogitans,* but the center of consciousness which mediates between reason and the unconscious is more than the subject of knowledge. "The self" is a less abused, though more artificial, term, and it expresses more fully the dynamic character of man's personal life. "Superego" sounds like another and higher ego, a magic power, created by social repression. It is a very unfortunate word, if it is supposed to express the objective and categorical character of the structure of reality

56. *Ibid.,* p. 48.
57. *Ibid.*

over against the arbitrariness of the drives, for this structure is nothing like an ego, even if projected or symbolized as such. The term personality is a mixture of a normative and a descriptive term: if we say that someone is "a personality," in contrast to others who are not, the word is normative; if, however, we speak of "diseases of personality," the word is descriptive, for everyone is subject to them. The indefinite character of modern psychological terminology reveals the immature stage of the self-interpretation of man in our age.

The questions asked here in the form of suggested answers may serve as starting points for questions still remaining to be asked.

VARIETY IN PERSONALITY AND ITS RELATION TO HEALTH

GOTTHARD BOOTH, M. D.

I

GENERAL CONSIDERATIONS

RELIGION HAS BEEN DEFINED by Jung[1] as "a careful and scrupulous observation of the 'numinosum,' that is, a dynamic existence or effect, not caused by an arbitrary act of will." It may be said of health, as well as of salvation, that they depend upon successful observation of dynamics superior to the will of the individual. The natural sciences of the last century expected to find the laws by which the world operates. Theoretically, it was to be expected that the life of each individual could be adjusted to the dynamics of nature in a process of complete scientific analysis of matter. As soon as physics had reached a greater degree of precision, the theories of relativity and of quantum physics uncovered facts which indicated that the deterministic approach is not adequate as a scientific method. The individual electron behaves in an absolutely unpredictable way. The fact that conglomerations of electrons are experienced as static matter and follow certain "laws" of physics and chemistry, is due to statistical laws. According to Heisenberg: "The question whether from a complete knowledge of the past we can predict the future, does not arise, because a complete knowledge of the past involves a self-contradiction."[2] On the strength of this situation, the aim of the natural sciences has changed: instead of trying to determine the future, it has become their objective to determine the past, and to describe which of many potentialities materialized more frequently than others.

What holds true of the individual electron also applies to the human individual. Man cannot be caught in the deterministic net of immutable laws. He is at the same time unique individual, and subject to statistical approximations of the concept of "human nature." His life is influenced by the infinite dynamics of the cosmos without and by the largely unconscious dynamics of his individual self. For the rationalistic approach,

1. C. G. Jung, *Psychology and Religion* (New Haven, Conn., 1938), p. 5.
2. A. S. Eddington, *The Nature of the Physical World* (New York, 1928), pp. 228 f.

a basic incongruity exists between the infinity of cosmos and human nature and the finality of the empirical individual. The history of religions reflects the two different aspects as conflict between mystic experience of the self and of the deity on the one side, and the dogmatic generalizations of organized religion about the nature of man and of the deity on the other side. Medicine too has two opposing aspects: the physician may function mainly as a creative artist meeting the needs of individual patients, or he may appear as a technician dealing mainly with the impersonal factors of disease. People become "cases of" typhoid fever, cancer, schizophrenia, etc. In the deterministic era of natural sciences excessive control of medical thinking was gained by bacteriology, anatomy, and chemistry. With Freud the pendulum swung far in the other direction, when emphasis was put on the influence of particular personal experiences and the need for individualized therapy. At the present time medicine tends toward an approach which tries to integrate individual and impersonal factors. Religion appears as an integral element of the human personality. Even where conscious religious life has ceased, its elements survive in social and moral conventions inherited from historical religious formulations.

The student of disease must guard himself against the temptation to see in each individual another specimen of Homo sapiens, distinguished for practical purposes only by a few superficial characteristics such as features and blood group. This temptation is very great for two main reasons:

1. Each culture creates its specific prejudice about "human nature." As a member of his own culture the physician tends to accept his own cultural idiosyncrasy as basis for general assumptions about mankind.

2. Within his own cultural group each individual is inclined to see human nature in terms of what is natural to him. Therefore, he interprets behavior as far as possible in terms of his own motivation. Where this proves impossible, the other person is considered abnormal or inhuman.

Under the influence of anthropologists (Benedict, Mead) and psychiatrists (Freud, Jung), psychologists and sociologists have become more critical of generalizations about human nature. Kardiner[3] has combined anthropological and psychoanalytical material and view-

3. Abram Kardiner, *The Psychological Frontiers of Society* (New York, 1945).

points in his descriptions of different types of "basic personality structure" found in different cultures. Yet the tendency is noticeable to emphasize what is common rather than what is different in human beings, even in Kardiner's work. There exists a widespread assumption that individual upbringing and social environment alone are responsible for similarities and differences between people. The influence of biological differences upon the results of cultural training is easily ignored. A typical statement of this equalitarian prejudice may be quoted:

> Although there are certain needs, such as hunger, thirst, sex, which are common to man, those drives which make for the differences in men's characters, like love and hatred, the lust for power and the yearning for submission, the enjoyment of sensuous pleasure and the fear of it, are all products of the social process. The most beautiful as well as the most ugly inclinations of man are not part of a fixed and biologically given human nature, but result from the social process which creates man.[4]

Actually, individual inequality starts at a much more primitive level than that of man. There is a marked difference in the personalities of dogs in regard to hunger, e.g., Pavlov[5] found that dogs can be made neurotic by frustrating the expectation to be fed on a certain signal after they have become used to it. Individual dogs, however, vary widely in their susceptibility to the same traumatic experience. With respect to sex, it has been observed that in large populations of rats[6] the sexual drive of healthy individuals varies between those who copulate even with dummies, and those who do not even respond to female rats of proved attractiveness to rather sluggish males. Similar observations have been made on fish, frogs, lizards and robins. On the other hand, "lust for power, and yearning for submission" is found to be present in very different degrees in animals who grew up in the equalitarian social environment of the biological laboratory. Furthermore, these differences were found to be independent of the size, fighting ability, and sex of animals competing in a feeding situation.[7] Such biological observations suggest that if animal species could convene a health seminar, individual opinions about the basic nature of their own species would differ widely.

4. Erich Fromm, *Escape from Freedom* (New York, 1941), p. 12.

5. I. P. Pavlov, *Lectures on Conditioned Reflexes* (New York, 1928).

6. F. A. Beach, "Arousal, Maintenance and Manifestation of Sexual Excitement in Male Animals," *Psychosomatic Medicine*, IV (1942), 172 ff.

7. J. H. Masserman and P. Siever, "Dominance, Neurosis and Aggression," *Ibid.*, VI (1944), 7 ff.

The preceding sketchy remarks about individual inequality on the so-called biological level are in agreement with a growing body of experience about relationship between biological differences and personality developments in human beings. In the course of the last thirty years, the conviction has grown that physical and psychological differences are correlated, and that all medicine is essentially "psychosomatic" medicine: "body" and "soul" mean different aspects of the integral personality.

Modern physics has worked out the theoretical basis for the elimination of the concept of a world partly biological, partly psychological. As Eddington puts it, "The scientific description of certain atoms and elements is the metrical aspect of the decision, e.g., to turn right or left."[8] In other words, the "physical" approach means the definition of a certain event in terms of *quantities*, the "psychological" approach strives for a definition of the *meaning* of the event. Its four dimensional description by the physicist cannot be considered to stand in any causal relationship to the significance experienced by subject or observer; there cannot be a physical cause for a psychological condition, nor vice versa. The very concept of specific forces, whatever their name, has been eliminated in physics, where in the past it seemed to describe the essence of things. Contemporary physics does not profess to know anything about specific forces.

> In the modern theory of gravity, identity replaces causation, mass is curvature. . . . No causal effect is to be attributed to mass or matter. . . . The conception of matter which we associate with these regions of unusual contortion is a monument erected by the mind to mark the scene of the conflict. When you visit the site of a battle do you ever ask how the monument which commemorates it can have caused so much carnage?[9]

The common illusion of the mind influencing the body, or vice versa, is due to the narrowness of the conscious mind. The latter fact makes us shift our attention always to the most striking aspect of a given situation, a phenomenon used deliberately by professional magicians in the production of miracles. When we describe the disappearance of a psychotic disturbance after the administration of vitamin B, we are shifting our attention from the striking psychological manifestations to the physical action and then back to the psychological field. Actually,

8. *Op. cit.*, p. 312.
9. *Op. cit.*, p. 156.

we are dealing all the time with two different frames of reference: (1) a nervous system which has been deprived of vitamin B and is changing physically under the influence of vitamin B medication; (2) a human personality expressing itself, first in the forms consistent with vitamin B deficiency, then in forms consistent with adequate vitamin B supply. External appearances suggest an interruption of the psychological causality by the physical element of vitamin B. Actually, there is only the sequence of physico-chemical events in the nervous system which falls under the category of causality. When we want to apply the category of causality to the psychological conditions of the patient, we must concern ourselves with his personal and cultural background, including the psychological constellations connected with his vitamin deprivation and his later treatment.

In the case of psychoanalytical cure of a stomach ulcer, the shift of attention takes place from the physical defect in the stomach to the psychological material handled in the psychiatric interviews, and then back to the condition of the stomach. Again the scientific description of the events should deal with both frames of reference: (1) the psychological state of the sick patient interacting with the psychological state of the psychoanalyst and developing into a demonstrably different state of mind; (2) the physical state of the patient in its relationship to the physical determinants of the analyst. With increasing knowledge of the nature of expressive movement and physiognomy,[10] the physical aspects of psychoanalysis are likely to become better known. As an example, the recent observations of Mittelmann and Wolff[11] on the correlations between skin temperature and hostility may be mentioned. The correspondence between the physical and the psychological aspects of people apparently underlies the widespread and successful use which is made of the physiognomy in sizing up strangers. Szondi,[12] in his personality test, has demonstrated the amazing accuracy with which repressed personality components respond to corresponding manifestations in other people, even when only photographs are shown.

10. G. Booth, "Organ Function and Form Perception," *Psychosomatic Medicine,* VIII (1946). (In preparation.)

11. B. Mittelman and H. G. Wolff, "Emotions and Skin Temperature," *Ibid.,* V (1943), 211 ff.

12. L. Szondi, in D. Rapaport, "The Szondi Test," *Bull Menninger Clinic,* V (1941), 33 ff.

For the modern physician, it is sometimes more expedient to describe a certain personality constellation in terms of its physical disease liability than in psychological terms, but "it is hardly conceivable that the different moves of two chess players can be ever more clearly understood in biochemical or neuro-physiological than in psychological and logical terms."[13] According to Bohr, it is not only technically, but even theoretically impossible to trace a causal chain which formed a unique representation of an emotional experience: "A detailed causal tracing of atomic processes is impossible and any attempt to acquire a knowledge of such processes involves a fundamentally uncontrollable interference with their course, . . . an attempt to observe the former will bring about an essential alteration in the awareness of volition."[14] Schroedinger[15] recently developed an original concept of the nature of the relationship between the nature of the physical world and psychological experience. It should be read in the original.

II

PSYCHOSOMATIC MEDICINE

For a number of diseases it has been possible to establish in considerable detail the metrical characteristics of the disease as well as the attitude toward life characteristic of people so affected, e.g., arterial hypertension,[16] arthritis,[17] obesity,[18] bronchial asthma,[19] parkinsonism,[20] peptic ulcer.[21]

The basis for such correlations seems to be found in the fact that

13. Franz Alexander, "Fundamental Concepts of Psychosomatic Research," *Psychosomatic Medicine,* v (1943), 206.

14. N. Bohr, *Atomic Theory and the Description of Nature* (Cambridge, 1934), pp. 100 f.

15. E. Schroedinger, *What Is Life?* (New York, 1945).

16. C. Binger and Co-workers, "Personality in Arterial Hypertension," *Psychosomatic Med. Mon.* (New York, 1945).

17. G. Booth, "Personality and Chronic Arthritis," *Jour. of Nervous and Mental Disease,* LXXXV (1937), 637 ff.

18. Hilde Bruch, "Psychiatric Aspects of Obesity in Childhood," *Amer. Jour. of Psychiatry,* XC (1943), 752 ff.

19. T. M. French, F. Alexander, and Co-workers, "Psychogenic Factors in Bronchial Asthma," *Psychosomatic Med. Mon.* (New York, 1941).

20. G. Booth, "Paralysis Agitans," *Der Nervenarzt,* VII (1935), 69 ff.

21. B. Mittelmann, and H. G. Wolff, "Experimental Studies on Patients with Gastritis, Duodenitis and Peptic Ulcer," *Psychosomatic Medicine,* IV (1942), 5 ff.

"different emotional states have their specific vegetative tonus." In other words, the organs of the body, although inaccessible to conscious observation or control, react to different meaningful situations in a specific manner. "To what extent constitutional factors influence the picture . . . are questions to be decided by further clinical studies."[22] The exact amount of influence which constitution has on specific personality formations is very difficult to determine because, as a rule, the child not only inherits constitutional dispositions from his parents, but he is also subjected to their social conditioning. Dunbar has called the latter factor "pseudo-heredity."[23] That hereditary elements contribute toward the formation of character must be assumed. Kretschmer[24] and Shelden[25] have accumulated data on correlations between physique and personality; Lange[26] has demonstrated that identical twins develop the same type of criminal careers even if reared apart; Manfred Bleuler[27] and Szondi[28] have used the Rorschach method and the Szondi test, respectively, to demonstrate that psychological reactions toward the identical environment depend partly upon factors which are independent of conditioning experiences.

The importance of the constitutional element is stressed at this point, because hereditary and congenital factors modify the influence which environmental conditions may have on the health of a given individual. The identical external setting is experienced very differently e.g., by a person with disposition toward arthritis and by another person with a disposition toward arterial hypertension. This will be described in some detail later on. That such difference is not due to acquired psychological associations can be demonstrated, particularly by means of the Rors-

22. F. Alexander, "Fundamental Concepts of Psychomatic Research," *Ibid.*, v (1943), 209.

23. F. Dunbar, "Effect of the Mother's Emotional Attitude on the Infant," *Ibid.*, vi (1944), 156.

24. E. Kretschmer, *Koerperbau und Character*. Editions after 1932 (the English translation of 1923 has little experimental material and makes no use of Rorschach test and handwriting); *Die Persoenlichkeit der Athletiker* (Leipzig, 1936).

25. W. H. Shelden, S. S. Stevens, and W. B. Tucker, *The Varieties of Human Physique* (New York, 1940).

26. F. Lange, *Verbrechen als Schicksal* (Leipzig, 1929).

27. M. Bleuler, "Der Rorschach'sche Formdeutversuch bei Geschwistern," *Zeit. Neur.*, cxvii (1929) 367 ff.

28. L. Szondi, *op. cit.*

chach method.[29] The great value of this approach is based on the fact that differences of reaction show on the level of pure form perception without involving specific "psychological" contents. It may be described briefly as follows.

The testing material consists of reproductions of ten standard inkblots of various configuration, shading, and coloring. The forms are indefinite enough to allow a practically unlimited number of meaningful forms and sensations to be projected in the whole inkblot or in greater or smaller details of it. The tested person is asked what the inkblots, shown one by one in a fixed order, look like to him. The concrete or abstract contents which are seen are only of secondary importance in comparison to the following formal aspects of the responses:

1. Number and timing of the responses.

2. Proportion between responses referring to the whole, to larger or smaller details or to the white spaces.

3. Proportion between responses containing a conscious kinaesthetic element, pure form responses, and responses influenced to a varying extent by shading and color.

4. The distribution of those varying responses among the ten different cards which partly facilitate, partly make difficult the various categories of responses.

5. The proportion between the various types of responses enumerated under Number 2 and Number 3, and between the number of total responses and certain broad categories such as human beings, animals, anatomical and other inanimate objects.

Although originally devised for purposes of psychiatric diagnosis, the method has been validated also in conditions not characterized by obvious psychological disturbances, e.g., in arthritis and in hypertension,[30] in cardiac disease and in rheumatic fever.[31] It has also been used successfully for anthropological purposes by M. Bleuler,[32] Hallo-

29. H. Rorschach, *Psychodiagnostics* (Berne, 1943). Described in G. Booth, "Objective Technics in Personality Testing," *Arch. of Neur. and Psych.*, XLII (1939), 514 ff.

30. G. Booth, "Paralysis Agitans," *Der Nervenarzt*, VII (1935), 69 ff.; "Organ Function and Form Perception," *Psychosomatic Medicine*, VIII (1946). (In preparation.)

31. C. Kemple, "Rorschach Method and Psychosomatic Diagnosis," *Ibid.*, VII (1945), 85 ff.

32. M. and R. Bleuler, "Rorschach Inkblot Test," and Racial Psychology," *Character and Personality*, IV (1936), 97 ff.

well,[33] and Oberholzer[34] (in his work with Du Bois and Kardiner) as a means of identifying basic personality structures in certain primitive cultures. The results suggest that disease groups and cultural groups, respectively, are characterized by specific forms of reaction toward an identical external situation. Oberholzer, in his work on the records of Alorese islanders, was able to describe their personalities and society, although he knew nothing about either the individuals tested or their cultural environment.

While the Rorschach method has established the autonomous *individuality of perception* in different personalities, the analysis of handwriting has demonstrated the *individuality of action* (expressive movement).[35] Here the testing material is somewhat more restricted in comparison to the Rorschach method, because graphology does not reach the illiterate, and because different cultures use different school copies. Within the same culture, however, the literate individual is presented with the same school copy. So far no two persons have been found who write so exactly alike that handwriting had to be abandoned as a method of personal identification. There are, however, certain formal aspects of the infinite variety of deviation from the school copy which can be measured.[36] It appears that in tuberculosis[37] and in arthritis,[38] a certain number of the measurable characteristics of handwriting were found correlated with the respective disease group; furthermore, interpretations according to the principles of graphology were found in keeping with psychological observations about the group characteristics. The conclusion can be drawn that the disposition toward certain diseases manifests itself in specific action patterns displayed under the standard condition of writing.

The specific character and the co-ordination of perception and action in human beings represents an extension of the principles which Von

33. A. I. Hallowell, "The Rorschach Method as an Aid in the Study of Personalities in Primitive Societies, *Character and Personality,* IX (1941), 2333 ff.; *Amer. Anthropologist,* XLVII (1945), 195 ff.

34. E. Oberholzer, in Cora Dubois, *The People of Alor* (Minneapolis, Minn., 1944).

35. G. Booth, "The Use of Graphology in Medicine," *Jour. Nerv. and Mental Disease,* LXXXVI (1937), 67 ff.

36. T. Stein-Lewinson and J. Zubin, *Handwriting Analysis* (New York, 1942).

37. W. Schoenfeld and K. Menzel, *Tuberkulose, Character und Handschrift* (Bruenn, 1934).

38. T. Stein-Lewinson, "Handwriting and Chronic Arthritis," *Rheumatism,* I (1939) 91 ff.

Uexküll demonstrated in the animal world: the complete co-ordination of the inner and the outer worlds of each organism. "There are as many worlds as there are subjects. These subjective worlds are formed by limited numbers of spatial elements, movement patterns, time elements and qualities of content."[39] As far as the subjects belong to the same species, their worlds are similar, but apparently already on primitive levels by no means identical. Constitutional dispositions in human beings, often inherited independently, carry the implication of certain corresponding worlds of their own. One may describe them as Von Uexküll describes animal species: "Independent organisms with their own characters and extremely long durations of life." Each individual human being represents a mosaic of different constitutional dispositions, one of which usually dominates the behavior. The recessive characters become dominant under the influence of specific conditions among which alcoholic intoxication is the best known one. Psychoanalytical experience and the work of Szondi[40] have made it seem likely that recessive dispositions often determine the choice of a mate. All these considerations make it important to consider health problems as occurring in individual worlds, experienced differently and acted upon differently by each personality even though the "objective environment" and the "objective means of action" are as identical as the ten Rorschach cards and the characters of the school copy. The task of understanding and influencing others would be hopeless indeed, were it not for the existence of various constitutional dispositions which make various groups of people similar enough to each other for the purpose of statistical generalizations.

Biographical studies of various disease groups indicate that sickness develops in situations which frustrate the individual in some way which has been of particular importance to him, although superficially the patients suffering from arthritis, high blood pressure, and peptic ulcer may all have been representative of the basic personality structure of Western culture as it has been described by Kardiner. For the purpose of this discussion the important characteristics of Western man are summarized from his presentation.

In comparison to other cultures, his conditions for growth are very favorable; he is adequately aided to the full development of his capacities by being helped, when he is biologically incompetent, until he can

39. Jacob von Uexküll, *Theoretische Biologie*, 2nd ed. (Berlin, 1928), p. 182.
40. L. Szondi, *op. cit.*

assume responsibility for himself. The good care on the feeding level and the emotional relationship with the mother are facilitated by the social organization "which leaves the ego-fortifying role exclusively to the mother, while the father supplies the subsistence medium"; the individual gets "practice in eliciting expressive affects. . . . The consequence is the strong attachment to and idealization of the mother as guardian and helper in distress. . . . Since the parental role is a dependable one, a strong incentive is laid for conscience . . . and the child becomes amenable to socializing education. . . . With these many gratifications regarding food and shelter as a base, a foundation is laid for strong self-assertive expression."[41] This situation in infancy becomes restricted in the course of childhood. If the child wants to continue in the enjoyment of parental protection it must fulfill certain conditions, among the most important of which are the following:

1. *Conformity* to the standards of the parents, regardless of individual disposition. This lays the groundwork for later anxiety about living up to the standards of the social group.

2. *Work* is a most important means of satisfying the demands of the parents, or of society later on.

3. *Sexual self-expression,* particularly in the presence of others, must be strictly controlled. This condition creates anxiety about the sexual function on the physiological level and makes sex a difficult medium for the expression of love on a level of equality. Affection easily remains associated with an unequal, dependent, mother-child relationship.

Reward is confidently expected in return for conformity, work, and sexual self-control. Such reward is supposed to take the form of prestige, power, and protective "love." Frustration has serious traumatic effects and engenders hostility. Since infantile conditioning makes the expression and experience of hostility against parents and authority very difficult, individuals direct their hostility easily against those who have gained prestige, power, and "love" without conforming to the parental standards of conformity, work, and sexual self-control. Anti-Semitism, anti-capitalism, and the identification of sin with "sex," are respective examples of the hostilities typical of Western culture.

In the following, some important diseases will be described as examples of the fact that the same cultural situations lead to very different

41. A. Kardiner, *op. cit.*, pp. 373 f.

results in people with different biological constitutions. It could be said about most of the patients suffering from those diseases that they consciously tried to live up to the basic demands of society, and that they seemed to be typical illustrations of the "basic personality structure" of Western culture. They usually could say with Job: "Let me be weighed in an even balance that God may know my integrity." Closer observation shows that in each group, by constitutional disposition and infantile conditioning, a specific aspect of life is predominant in the attitude of the individual patient of each group.

In the group with high blood pressure, anxiety about *conformity* dominates life. To feel emotionally secure, these patients must be able to identify themselves with the standards of their environment. They may work themselves literally to death, not on account of spontaneous incentive, but because their conscience makes it seem necessary. Hamilton[42] found that students with high blood pressure show less spontaneous interest in physical and social activities than those with normal blood pressure. If patients of this group lose the socio-economic status on which they have depended, they resign easily to a pure maintenance of forms. One of my patients, having lost his business, continued to go every weekday morning to the corner store, buy a paper and a cigar, and take the subway downtown as long as he could afford it, but did not do anything constructive all day long. It seems characteristic of this group that Chinese, Egyptians, and Negroes do not develop high blood pressure in their native environments, where their emotional security depends on static conformity.[43] They become victims of arterial hypertension very readily when exposed to Western culture with its demand for successful, competitive work without being given the chance for social identification.

Among patients affected with arthritis or parkinsonism, the emphasis of life is centered from the beginning on activity as such.[44] This propensity obviously makes them inclined to concentrate on the importance which our culture gives to *work*. There seems to be very often an abundance of energy, which is expressed through interest in physical exercise

42. J. A. Hamilton, "Psychophysiology of Bloodpressure," *Psychosomatic Medicine*, IV (1943), 125 ff.

43. I. Abd-el-Aziz, "Aetiology of Hyperpiesis in Egyptians," *Lancet*, II (1928), 275 ff.; K. Menninger, "Emotional Factors in Hypertension," *Bull. N. Y. Acad. of Med.*, XIV (1938), 198 ff.

44. G. Booth, "Personality and Chronic Arthritis," and "Paralysis Agitans," (cited above).

even in addition to physical labor required by their jobs. This drive for action is duly channeled into socially acceptable patterns, but in contrast to the extraverted conscience of the group with high blood pressure, social conformity is rigidly determined by the internalized conscience of childhood conditioning. Frustration of their efforts to work creates anxiety, which is relieved by desperate hanging on to some type of activity, even after the disease process has made activity painful, dangerous, and useless from a practical point of view. Whatever they do must be in accordance with their individual consciences.

In the arthritic group, the emphasis seems to be on defending their action pattern against outside influences. It is in harmony with this interpretation of the arthritic personality that these patients are particularly affected by low socio-economic status, since it allows them less choice of working conditions than those who are better off in this respect. Chronic arthritis is the most frequent cause of invalidism in this country and in England, but its more serious crippling stages are rarely seen in private practice. In the parkinsonian group, the individualism of the action pattern has a more aggressive character: these patients seem to have made a religion of success and, as they fail in their progress, they become prey to deep anxieties and to the disease process. They may be considered typical examples of the Calvinistic–capitalistic mentality as described by Weber.[45] As a matter of fact, the disease has apparently developed in the course of recent capitalistic development of our culture, since the first description is dated 1807. Even before the concept of psychosomatic medicine had been started, it was mentioned that "Parkinsonism is the reward of virtue," and "Parkinsonism occurs more often in hard working, conscientious people, who do not drink, smoke, or take vacations."[46] They may reach great success against considerable odds, and those who are found in hospitals and clinics often have a distinguished past.

In the group of patients afflicted with stomach ulcers, the expectation of *reward* in form of emotional security or of protective love, plays an important role. As a rule these patients, too, conform to the cultural pattern of willingness to work and to live up to the standards of an independent, self-sufficient adult. Compared to the hypertension group, how-

45. Max Weber, *The Protestant Ethic and the Spirit of Capitalism* (New York, 1930).

46. C. D. Camp, "Paralysis Agitans," in *Modern Treatment of Nervous and Mental Disease*, ed. by White and Jelliffe (Philadelphia, 1913), II. 151.

ever, they are less concerned with conformity, they also lack the primary incentive for activity found in the arthritis group. Frustration of their secret, infantile desire for reward throws them into a regressive concentration on the wish to be fed. The physiological consequences of this unconscious attitude eventually lead to self-digestion of the stomach walls. This self-destruction seems to be well in line with the observation of intense *hostility* against those on whom they depend, because childhood experiences seem to have sensitized them to an expectation of frustration. The occurrence of stomach ulcer provides another illustration of cultural influences on health. Since 1850 this affliction has steadily turned from a preponderantly female into a very predominantly male disorder. As Mittelmann and Wolff explain:

> Society's requirements of the male are essentially as stringent as before, the emotional support accorded him in return less. . . . The vast majority of American women are confronted with an imposed task in the management of the home which does not challenge their energies or equipment and leaves them frustrated, dissatisfied, fault-finding and resentful . . ., but only women are allowed free emotional expression of their hostile and destructive moods. . . . These changes in women are destructive in their effects on emotionally insecure men. . . . A man's conviction of being cornered is fostered by the working conditions of the 20th century. . . . Men have been confronted with decreasing opportunities for emotional support and for overt emotional expression, yet their responsibilities have remained, and the threats to their self-esteem have increased.[47]

The group of personalities disposed toward accumulation of excessive weight is also, like the preceding group, concerned with emotional security. The former group, also, are less concerned with fulfilling the social conditions for which reward may be expected than with the experience of receiving love and consideration from their environment, since their early infancy impressed them particularly with such needs. They, too, concentrate on the feeding function when frustrated, since in infancy being fed was the chief, often the only, expression of parental love. In contrast to the ulcer group, however, hostile emotions and self-destruction processes are not aroused to any considerable extent. The regressive substitute satisfaction is gained in eating and in the accumulation of weight. The great importance which is attributed to the individual in our culture seems to be symbolized in physical weightiness.

47. B. Mittelmann, H. Wolff, and M. Scharf, "Experimental Studies on Patients with Gastritis, Duodenitis and Peptic Ulcer," (cited above), p. 18.

Shakespeare apparently was well aware of the psychology of obesity. Regarding the low level of their aggressiveness: Hamlet is fat; Caesar says:

> "Let me have men about me that are fat.
> Yon Cassius has a lean and hungry look,
> He thinks too much, such men are dangerous."

Falstaff describes the cure for his obesity, when the body of Hotspur gives him a glimpse of enjoying realistic prestige: "If I do grow great, I'll grow less, for I'll purge, and leave sack, and live cleanly as a nobleman should do."

There is reason to suspect that the persistent increase of dental decay within the realm of Western culture is related to the increasing amount of *hostility* which pervades it. After a careful appraisal of nutritional and mechanical influences on dental health, Heinrich arrived at this conclusion: "It is the principle of the organization of the personality which explains why bacteria and saliva decalcify in one case and not in another. It is the mentality of our culture: the century of materialism, of egocentricity, of technology and of sport which work particularly destructively in this direction."[48] Hooton formulated the result of an anthropological survey of dental conditions in primitive men and in moderns as follows: "In the civilized adult many caries, alveoloar abscesses and gaps by teeth lost in life, with frequent crowding, mal-eruption, and reduction in the size of the dental arches. Such phenomena are exceedingly rare in primitive stocks or in modern savages. . . . It is much safer to adjudge a skeleton to be that of a civilized man from bad teeth than from superior cranial capacity and noble-arched brow. High palates are more safely diagnostic of civilization than high brows, and buck teeth than bumps of benevolence."[49] It seems to be a logical conclusion from the findings about the characteristic crowding of teeth in modern men that, since the number of teeth has stayed the same and the general stature of men has been increasing, apparently the size of teeth has increased, while the size of the jaws has decreased. This fact seems to be in conformity with the competitive, hostile features of our culture, in which men tend to bite off more than they can chew and digest.

In the preceding descriptions, I have outlined different personality

48. E. Heinrich, *Zahnaerztliche Berufskunde* (Munich, 1935), p. 32.
49. E. A. Hooten, *Body and Behavior* (Princeton, N. J., 1941), p. 91.

constellations connected with specific *deforming and destructive processes of the body*. They all were related to what may be described as the aggressive demands of Western culture. I am using the term "aggression" in its widest sense—a unilateral change effected on a person or object. This aggressive side of Western culture was found in the demand for conformity, regardless of individual inclinations, and in the competitive character of work. The impact of society upon the individual is made particularly impressive by the contrast between the unconditional security of early infancy on the one hand, and the strictly conditioned security of later childhood on the other hand. Specific diseases were found to be associated with specific individual frustrations.

In contrast to the destructive physical consequences of the individual conflicts just mentioned, the conflicts arising from the cultural demand for restriction of *sex* appear responsible for a very different type of impairment of health. Freud has demonstrated—and all later experience has borne out his observations—that already in infancy our cultural atmosphere of sexual repression lays the groundwork for neurotic developments. He was also the first to observe that it is not only external conditioning, but also constitutional disposition which is responsible for neurotic disease. As has been mentioned in the beginning, the role of the sexual impulse varies from individual to individual, even among lower animals. In comparison to the groups mentioned previously, among the neurotics sexual difficulties, even on the conscious level, seem to be much more relevant in the genesis of the disturbances. It is very difficult to arrive at any definite conclusions regarding the amount of illness related to sex suppression, because, in contrast to physical diseases, the neurotic disturbances only rarely cause an amount of invalidism which is open to statistical investigation. There is reason, however, for assuming that phobias and compulsions are very widespread in our culture, if one takes the frequency of sexual maladjustment as a measure. The disturbances of the personality which go with sexual repressions, are often rationalized in form of health fads (reflected in health advertisements), not to speak of the various degrees of alcoholism and its many connections with sexual infantilism. Even the lighter forms of neuroticism, which have no serious social consequences, should not be considered unimportant in a discussion of general problems of health.

While the destructive physical diseases appear to be results of a maladjusted and overemphasized aggressiveness in the individual make-up,

it must also be considered that, in the basic make-up of the human being, the creative function of sex represents the counter-balance against aggression. It was under the impact of World War I that Freud[50] pointed out that human activities represent an intricate and highly varied synthesis of sex and aggression, of creative and of destructive urges. In the basic personality structure of Western culture, the counterbalancing forces of Eros are given a poor chance. While the differentiation of the aggressive instinct is given a great deal of social prestige, the sexual instinct is consistently degraded to the level of mere biological need for intercourse, and of infantile pleasure seeking. The fact that sex means procreation, and that it can be the expression of mature love between adults has been more and more forgotten in our general mores, in sociological and psychiatric literature. For the many people who are born into our culture with a healthy sexual potential, the restrictions of sexual self-expression represent an important condition for concentration on the aggressive side of life, with its hazards for physical health. Disease appears, as the result of a frustrating relationship between the demands of the individual and of the culture, although the individual has tried to accept the conditions of society to the extent to which constitution and upbringing allowed him to understand his social obligations.

The most important example of the pathogenetic conflict between individual and society is found in the group of schizoid personalities. Here the individual has failed to accept and integrate the basic demands of our culture in the period of childhood. Schizoid personalities lead asocial lives as children, because their attitudes are centered on highly personal demands which they expect to have satisfied by their environment in the same manner as their infantile needs were satisfied by the system of conscientious, unquestioning, maternal solicitude which characterizes our culture. Finding themselves exposed to a social system of unindividualized requirements, they are liable to regress backward to worlds of infantile isolation and phantasy satisfaction in form of hallucinations, narcissism, and paranoid systems. More than any of the other groups, the introverted schizoid personalities need a world of their own in order to stay well. At the point where the realistic environment denies them too much, they create imaginary worlds of their own and let their families or the state assume the responsibility for nursing them.

50. S. Freud, *Beyond the Pleasure Principle* (London, 1922).

What is so prominently expressed in schizophrenia is also characteristic of the other disease groups: the fact that the symptoms of the disease represent a primitive manifestation of the dominant attitude of the permorbid personality. The high blood pressure group, with its dependency on the environment, is clinging to the blood stream, blood being the "inner milieu" which has been substituted for the sea water which was the exclusive milieu of the first forms of animal life. The arthritic and parkinsonian groups are characterized by their tendency toward muscular tension and overactivity which takes the place of the goal-directed activities of the days of health. The physical rigidity of these patients is in harmony with the rigid attitude they maintain toward the outside world. The stomach ulcer patients find their lives concentrated on specialized feeding care and self-destructive stomach reactions when frustrated, having been originally concerned with demands for receiving love, and with hostility when frustrated. The function of obesity as a primitive substitute for free expansion of personality has been mentioned above as having won the notice of non-scientific psychologists. With respect to dental decay, it has been found, at least in the case of pyorrhea, that these patients are addicted to gratuitous tooth grinding during the day and even more in their sleep, especially during the periods of aroused and suppressed hostility.[51] There has been no psychological study of caries, so far.

III

DISEASE AS RESULT OF ONE-SIDED PERSONALITY DEVELOPMENT

The preceding observations all lead up to the following two conclusions:

1. Sickness takes the specific character of the element of the personality structure which is frustrated.

2. Sickness assails the function of the personality which has been used most particularly in meeting the demands of society.

From a rationalistic point of view, disease seems to be a paradoxical phenomenon: the function most willing and capable of meeting cultural demands is punished instead of being rewarded. From the moralistic point of view this suggests that we live in a very unjust world.

A more thorough analysis of the conditions of disease leads to a differ-

51. B. Frohman, "Occlusal Neurosis" *Psycho an. Rev.*, XIX (1932), 297 ff.; G. Booth, "Psychomatic Observations on Teeth," (in preparation).

ent conclusion. Before the relationship between physical disease and personality was discovered, Jung[52] observed analogous developments on the level of psychological manifestations. He was impressed by cases where a person had met successfully the demands of reality during the first half of his life, but went into a psychopathic decline at the threshold of the second part. He came to the conclusion that the human personality can be characterized by the predominance of introversion or extraversion in the attitude toward the outside world, furthermore, by the predominant use of one of the four psychological functions in dealing with the problems arising from his introverted or extraverted attitude, whichever the case. The four psychological functions recognized by Jung are: thinking, feeling, sensation, and intuition. An introvert, for example, could become a successful professor of mathematics by the use of a well-developed thinking function. He would have made a successful adjustment to the demands of his own individuality. Furthermore, his thinking function would have become very effectively differentiated. On the other hand, nobody is a pure type, therefore he would have capacity for extraverted attitudes, for feeling, sensation, and intuition, but they would remain primitive and undeveloped in the unconscious, perhaps forever. If, however, such a one-sided person encounters a situation which cannot be handled in the accustomed manner, then the old reality adjustment is likely to break down, e.g., if he falls in love with a woman of the extraverted feeling type. To meet her he must use his extraverted feeling side, which has remained undeveloped and undifferentiated. Frustration of one kind or another is the likely outcome, creating the setting for a neurosis.

In the group of organic diseases a similar situation prevails. Instead of contrasting introverts and extraverts, we find in this country as the two largest groups of chronic illness: rheumatism, with 6.85 million cases; and diseases of the circulatory system with 7.4 million cases.[53] Arthritis is the most significant contributor to the rheumatic group. For the diseases of the circulatory system we may use the description of the high blood pressure group as typical. Dunbar[54] has tried to differentiate the blood pressure group from other heart ailments, but admits that re-

52. C. G. Jung, *Psychological Types* (New York, 1923).

53. G. St. J. Perrott, "The Problem of Chronic Disease," *Psychosomatic Medicine*, VII (1945), 21 ff.

54. F. Dunbar, *Psychosomatic Diagnosis* (New York, 1943).

semblance prevails over differences. Arthritis and arterial hypertension represent very pertinent contrasts, because, despite the extreme frequency of these two conditions, very rarely have patients been found to suffer from both to a significant extent. Comparing the social attitudes in these two groups, it appears that arthritics lack the capacity for identifying their standards with those of the group with which they live. This makes them very vulnerable to interferences with their work which social forces may impose on them. The hypertensive group find no particular difficulty in living up to the demands of the group, but they lack the reliance on their own powers and values which supports the arthritics under adverse social conditions and stimulates their initiative. The group with stomach ulcers made a good adjustment to the feature of our culture which may be described as the system, "be good and you will be nursed," but they failed to develop the satisfaction through work, which characterizes the arthritic group. They also were unable to find emotional comfort and security in social conformity, the features on which the primary adjustment of the hypertensive group hinges. The undeveloped functions of the obesity group resemble those of the ulcer group. In the neurotic group, while they have adjusted well to the social taboo on sexual activities, those seriously handicapped by neurosis have failed to develop adequate appreciation of the non-sexual opportunities and demands of our culture.

Health, then, can be re-established by two principal methods:

1. The frustration of the originally predominant function can be removed by an adjustment of the environment in favor of the specific demand of the patient.

2. The patient can make a new adjustment to his environment by developing the previously neglected functions of his personality.

To come back to the seeming paradox that disease is the reward of the function most adjusted to the demands of society, it appears now that disease is the penalty paid by the function which presumed to monopolize the social adjustment. Disease may be considered the punishment for having favored one's strongest function and neglected the weaker ones. This neglect has serious consequences, because the recessive functions form part of the total basic personality structure of our culture, and their use is demanded by our social environment. It seems that most religions have had some intuition as to the dynamics of disease, considering disease a punishment for disobeying the deity.

The deity, according to Kardiner,[55] can be described as the projection of the basic personality structure of a given culture. In other words, the deity has all the characteristics which the culture demands from its participants, not only those particularly emphasized in the experiences with the individual parents. Each religious system codifies the conditions of health and normality which are required for the survival of the specific culture, making it difficult for deviants to gain influence, or even to survive. This function makes religion not only a stabilizing social factor, as Kardiner has emphasized, but it makes it also a stabilizing factor in mental hygiene. In every human being there is a spontaneous tendency to fashion life according to those inclinations which his conscious individuality suggests to him. "Progressive education" has tended to over-emphasize those natural inclinations and tried to develop "personality" by encouraging individualistic developments of predominant personal faculties. This point of view neglects the fact that a very powerful part of the personality is unconscious. Psychoanalysis has indicated that it is the reality adjustment of this unconscious part which spells the difference between health and disease.

IV

STABILIZING INTERRELATIONSHIP BETWEEN RELIGION AND HEALTH

Institutionalized religion, as the projection of the collective personality structure of the culture, may be considered as a means of keeping the individual constantly reminded of the total demands which the culture makes. That this ideal picture undergoes a process of distortion in each individual mind according to his specific make-up is obvious. On the other hand, there can be no doubt that the presence of a definite picture has a formative influence on the beholder. Those total personality demands of religion are not simply demands coming from a "phantasy screen" as Kardiner suggests. They come from the real psychological dynamics of the people on whom the specific culture depends for its functioning. Religious formulations and myths are "phantasy" only in the sense in which the concepts of modern physics are phantasy. They are symbolic formulations which are necessary for the description of events which partly transcend our four-dimensional sensual preceptions.

Disease, as appears from the various illustrations given above, attacks

55. A. Kardiner, *op. cit.*, pp. 45, 426 ff.

the function which has dominated the individual contact with reality. This phenomenon could be described as an involuntary *sacrifice,* a sacrifice imposed by natural law upon the most developed function of the individual. It may be considered the result of accumulated racial experience that in all religions voluntary sacrifice plays an important role. The notion developed that to obtain and to keep something particularly valuable, part of it should be sacrificed to the deity. According to Hubert and Mauss,

> sacrifice is a religious act, which by the consecration of a victim, modifies the moral state of the sacrificer or of certain material objects which he has in view. It either confers sanctity or removes it. It is a procedure whereby communication is established between the sacred and profane spheres of a victim, that is to say, by an object destroyed in the course of the ceremony.[56]

This process of establishing communication between the sacred and the profane, translated into psychological language, would read: establishing communication between the conscious ego and the unconscious total personality. Jung[57] has described this act, particularly in the persons of Tertullian and Origen, who each brought the sacrifice of the dominant function in the course of their spiritual development: Tertullian, in his conclusion, *credo quia absurdum,* sacrificed his over-differentiated thinking approach; Origen cut off his sexual organ as the symbol of his over-differentiated relationship to the object world. Similarly Jelliffe concluded from the analysis of organic diseases, "Symbolic castration may be a compromise which enables the individual to remain in the herd at the expense of part of the body."[58] In view of what seems to be the inescapable sacrifice imposed by natural law, voluntary sacrifice may be considered a conscious attempt at forestalling disease.

An interesting example of institutionalized sacrifice is afforded by the fact that, in a great many primitive cultures, puberty rites include the breaking out or the filing down of one or more teeth. According to Kanner,[59] the white race is the only one in which no tradition of dental sacrifice could be found. The meaning of the ritual appears to be the same as that of circumcision and other painful puberty ceremonies. They im-

56. M. Hubert and M. Mauss, "Sacrifice," *Encyclopedia Britannica* (1943).

57. C. G. Jung, *Psychological Types.*

58. S. E. Jelliffe, "Psychoanalysis and Organic Disorder," *Internat. Jour. of Psycho-Analysis,* VII (1926), 445 ff.

59. Leo Kanner, *Folklore of the Teeth* (New York, 1932).

press the individual with the need for restricting his aggression in order to adjust sexually and socially to the order of the community. Before puberty it is desirable that the individual should develop his power of aggression. He must learn to absorb, assimilate, and manipulate an increasing area of reality. Unlimited ego-expansion after puberty, however, would upset the coherence of the community. Aggression, in most primitive societies, seems to become largely a prerogative of the collective community. Special collective rites put the individuals into an aggressive frame of mind when big game hunting or warfare is undertaken.[60] Ordinarily the "savage" leads an unaggressive life, hemmed in by numerous taboos. He also, as mentioned above, preserves his teeth more satisfactorily than do members of our competitive Western culture.

Observation and surgical treatment of the frequent pathological over-development of the thyroid gland have led Crile to similar conclusions regarding the danger of one-sided adjustment and cure by sacrifice, through the knife of the surgeon. He refers to a principle of paleontology, "orthogenesis," specifically to the fact that many species died out by over-development of characteristics originally useful for survival: the dinosaurs perished through gigantism; the Irish elk through over-development of the antlers beyond the limits of usefulness. He concludes pessimistically that when a species varies definitely in any direction, it cannot reverse itself, even if it is tending toward destruction. In man he finds the over-development of the thyroid gland associated with the fact that the thyroid gland is more developed in animals living by constant effort, while animals relying on sudden, violent efforts have more developed adrenal glands. Man "toils by day and worries by night." The other over-developing organ is the frontal section of the brain, associated like the thyroid gland with a tendency toward what he calls "hyperkineticism and autocaptivity." He feels that the cure for this situation is found either in rationalization or in dekinetizing operations, but the latter "would be analogous to that of removing the antlers of the Irish elk. By such means we can save the individual, but we cannot modify the species. . . . Man conceivably might be destroyed by the same tools that enabled him to reach the greatest height of his civilization."[61]

Health, according to the material presented, depends on the capacity of the individual to use all the functions which are part of his basic per-

60. C. G. Jung, *Contributions to Analytical Psychology* (New York, 1928).
61. G. W. Crile, *Diseases Peculiar to Civilized Man* (New York, 1934), pp. 8, 397, 5.

sonality structure, according to their respective developments. Furthermore, the environment should be in harmony with his inner structure. On the religious level, the need for self-fulfillment is experienced internally as consciousness of vocation and presented externally in the form of institutionalized commandments. The fact that illness and religious conversion have often been connected seems due to the fact that illness represents an actual reminder of a neglected, vaster self, even if this may be realized only unconsciously and intuitively. On the surface, the turn to religion may be rationalized in a crude or subtle form as magic, or as a means of bribing the deity. On the unconscious level, sacrifices to the deity would still symbolize an acknowledgement of guilt, of a debt owed to a reality which transcends the conscious ego.

The question may be raised: What basis exists for the stability of the basic personality structure? Since we know how powerful the influence of social and emotional factors is on health and survival, the conclusion seems not unjustified that the cultural milieu creates conditions which are more favorable for the survival of hereditary strains which harmonize with it. We know that the condition of the mother influences the fetus in the womb,[62] that the mother's emotional attitude influences the feeding habits of the infant,[63] and that children are born with very different types of active or passive reaction to the offered breast.[64] Among the Mundugumor, the chances for survival are best for the very active type, since they feed children only when they demand food in the aggressive manner which characterizes their whole culture.[65] Among the Alorese, the capacity for enduring long periods of neglect is most important.[66] Balinese infants must be able to withstand the experience of being stimulated and then denied satisfaction of their aroused desires.[67] Arapesh infants are nursed with the greatest devotion, but their vasomotor system must be adjustable to the daily cold showers to which they are subjected.[68]

62. L. W. Sontag, "Differences in Modifiability of Fetal Behavior and Physiology," *Psychosomatic Medicine*, VI (1944), 151 ff.

63. F. Dunbar, "Effect of the Mother's Emotional Attitude on the Infant," *Ibid.*, 156 ff.

64. M. Fries, "Psychomatic Relationships between Mother and Infant," *Ibid.*, 159 ff.

65. M. Mead, *From the South Seas* (New York, 1939).

66. C. Du Bois, *The People of Alor* (Minneapolis, Minn., 1944).

67. G. Bateson and M. Mead, *Balinese Character* (New York, 1942).

68. M. Mead, *From the South Seas*.

People reaching maturity as deviants have a reduced chance for survival and for raising families. Eventually they may migrate and join cultures more congenial to their own personalities. Shapiro[69] found that Japanese immigrants do not represent a cross section of the Japanese people. Ebenstein,[70] in analyzing the lack of opposition to authoritarianism among contemporary Germans, points out that one hundred years ago, in response to a similar wave of authoritarian pressure, more than two percent of the total German population migrated to the United States alone. After 1933, less than one tenth of one percent did the same, and of those most of them were forced by racial persecution rather than motivated by political conditions. The conclusion seems obvious that the emigration of the forties in the last century deprived Germany of that part of the population which was constitutionally capable of non-authoritarian attitudes. All these factors mentioned seem to account for a certain biological stability of the individuals living in a certain culture. It seems likely that the biological character is due to cultural conditioning rather than to racial background. Many German Jews, despite discrimination, developed personality attitudes which made it very painful for them to be excluded from participation in Hitler's regime.

Apparently all races carry the genes which make individuals fit for individualism or gregariousness, for aggressiveness or tenderness, for emotionalism or rationalism, etc. Each culture, however, favors the development of individuals who share the same basic personality structure with its specific synthesis of a number of human potentials. Their health depends on the possession of the faculties required by the culture, specifically, on the capacity to utilize those faculties which are less conscious to the individual. Religious institutions tend to maintain a total of cultural demands before the consciousness of the individual, and afford correctives against one-sided developments.

All this seems to make religion an ideal apparatus for producing gradually a stable and happy society in which what man needs and what environment offers would correspond perfectly. According to anthropological evidence, the human race can be bred into a variety of stocks, each representing a specific "reality adjustment" which would be unsatisfactory to members of a different culture, but affording happiness within the framework of their own. This, however, seems to be the

69. H. L. Shapiro, *Migration and Environment* (New York, 1939).
70. Wm. Ebenstein, *The German Record* (New York, 1945), pp. 119, 123 f., 179.

case only to a limited extent in our Western culture. Here an evolutionary force seems to be at work which expresses itself in changing physique, changed social and religious developments. Particularly in Anglo-Saxon countries and in Russia, religion itself seems to tend toward secularization: Protestant capitalism[71] and Greek-Orthodox collectivism[72] turning into different versions of economic ethics. It has often been suggested that the secular character of the newly developing ethics is secular more in a polemical sense than in reality, that socialism as a form of society is not very different from the traditional forms of religion. Furthermore, a great deal of the old "basic personality structure" has been carried over into the newer concepts, e.g., the worship of progress and competition. It still seems to exercise its stabilizing—some may think retarding—influence on our contemporary culture.

The statistical frequencies of certain disease groups may be considered as reflecting particular points of strain in our personality structures: the incidence of arthritis appears to be related to our tendency to overestimate the value of work; the incidence of cardio-vascular disease calls for consideration of our anxiety regarding social conformity. The rapid and creative changes of the socio-economic character of man during the last 150 years indicate that strong individualistic forces are at work in our stock, which express themselves in scientific and industrial inventiveness, in a multitude of social, artistic, and spiritual experiments. Those who are incapable of creating individual worlds fitting into our society seem to contribute mostly to the mounting population of our mental hospitals. In the disease groups centering around the digestive function, it becomes evident that our society depends very heavily for emotional satisfaction on a system of give-and-take, of qualifying for reward by living up to parental and social expectations. All the groups mentioned so far have in common the fact that they center the evaluation of the individual on elaborations of the aggressive side of man: his capacity for work, for competition, and also his capacity for adjusting to the critical, taunting standards which society keeps constantly before him.

The other great strain on the health of Western man is associated with the *low social value which our culture attaches to the non-utilitarian side of man.* The nursing period is likely to be the only one in

71. M. Weber, *op. cit.*

72. Joseph Hromadka, "The Soviet Enigma," *Christianity and Crisis,* (Jan. 24, 1944).

which individual needs were gratified in human relationships without being asked to qualify first by meeting moral or competitive demands. Pleasure derived from being fed was free from guilt: neither was it inferior, as sexual gratification is treated later on, nor was there anxiety concerning its repetition in due time and regardless of behavior. The recollection of this lost paradise lines people up on high-chairs in front of soda jerkers and bartenders, keeps their mouths filled with smoking material and chewing gum. Alcoholism, despite its serious social and individual consequences, is treated with amazing leniency by the conscience of the addict as well as by the general public, compared to its fate in Latin countries. The only group which had considerable success with the treatment of alcoholism—"Alcoholics Anonymous"—considers the final state of desperation the first moment when something constructive can be done.

As soon as normal development tends to supplant the mouth by the genital organ as medium of pleasurable, non-competitive relationship, guilt feelings become attached to it. As a result, the exaltation of the creative function of sex in other cultures has given way to a widespread degradation of the sexual impulse of man, of which degradation the female is the chief victim.[73] Movies, magazines, and mores show that sex has been made acceptable to Western man by a close identification with competitive values: e.g., the number of conquests and rating for sex-appeal. Even where sex is not involved in any direct form, our culture has not developed forms of pleasurable human companionship divorced from aggressive connotations. As Marett puts it, "Civilized man thinks out his difficulties, at least he thinks he does. Primitive man dances out his difficulties." Religious services originally gave a great deal of expression and satisfaction to the emotional and aesthetic side of man, but they have turned more and more into social duties. The author of a best-seller, *The Return to Religion,* went so far as to suggest that it was better to join a church one did not like, because liking the church would deprive it of its value as moral exercise. Many churches try to make up for their main disciplinary character by having dances and dinners in their basements, but this seems not enough of an adjustment for the frustration which our culture has imposed upon the non-aggressive, non-competitive side of Western man in his present stage

73. A. Kardiner, *op. cit., passim.*

of development. So far, our culture has not been able to breed a human stock in which only an unimportant number of deviants would have emotional needs beyond the allowed narrow margin.

The preceding material has led up to the following conclusions about health. Each culture is mainly composed of individuals who, by constitution and upbringing, represent variations of a basic personality structure. Health, ideally conceived, depends on a complete correspondence between the cultural requirements and the dynamic structure of the individual. Destructive bodily and mental changes results from an unbalanced development of one specific function, while other required functions have remained undeveloped. Distortions of interhuman relationships such as neurosis, sexual perversions, and alcoholism appear to be connected with the persistence of need for affection beyond the nursing stage. The function of our accepted cultural values, codified in religious concepts, seems to be that of a stabilizer. It maintains the image of the total cultural demands before the consciousness of the individual who is, by personal bias, inclined to fulfill excessively what comes most natural to him, and neglect his weaker sides. Religion, for this reason, could play an important part in the maintenance of collective health. The concept of sacrifice, in particular, appears to have realistic value.

The preceding discussion has been concerned mainly with the collective aspects of the problem and with relatively stable cultural conditions, because the facts and values involved are less controversial and therefore lend themselves more easily to analysis. In times of rapid change of cultural in its socio-economic aspects, the relationship between religion and health is not covered by its static aspects. Individual inadequacy to meet the demands of the contemporary cultural situation may take the form of physical or mental illness. Spiritually, such experience may bring to consciousness a previously neglected and undeveloped potential of human nature, capable of integrating the pathogenetic situation. It depends on the creativeness of the individual who makes the unconscious sacrifice of health, whether his experience of the new values underlying the changing human situation will remain a personal religious experience, or will give new conscious symbols to the group, enabling it to stabilize health and religion under new forms.

PSYCHOTHERAPY AND RELIGION

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AS A MEDICAL SCIENTIST who has spent a number of years in research dealing with psychopathology and with the therapeutic background of psychotherapy, three questions having to do with the relationship between medicine and religion have repeatedly presented themselves to me. These questions are: (1) What acts in psychotherapy? (2) Why is modern psychotherapy in the hands of physicians rather than in the hands of the clergy? (3) Why and how did psychotherapy escape from the field of religion, where it ordinarily found its place prior to the nineteenth century?

Before attempting answers to the questions, it should clarify the issues if I outline the background against which each question poses itself. I am not at present concerned with the wider meaning of these questions. Rather, I am interested in fitting these questions and their possible answers into the realm of knowledge of medical science. Let us consider the first question: What acts in psychotherapy?

Psychotherapy may be defined as the influencing of one mind by another with the intent of relieving mental pain, anguish, disorder, deviation, or illness, by means of the spoken (or written) word.

Psychopathology is frequently associated with physical illness, or it may occur without known physical pathology. For example, any individual suffering from some chronic disease like tuberculosis, or a dangerous condition like cancer, will be very apt to show abnormal behavior and to have mental experiences which are accompanied by uncontrollable anxiety. Another person may suffer from a similar anxiety and have no known physical pathology. We ordinarily do not consider that mental deviations associated with known physical pathology are truly psychopathological, since it is usually held that, if the physical condition were removed, the mental turmoil would disappear at the same time. This assumption is not wholly true. The physical disease itself may have produced some handicap, for example, stiffened joints in rheumatism. The disease may have interfered with the earning power or family responsibility of the individual for such a period of time that readjustment is difficult and reassumption of his planned

place in the world impossible. The disease itself may have produced habits of thinking which are maladjustive and hence psychopathological.

Another setting which is frequently associated with psychopathology is that following unfortunate, unusual, painful circumstances which are beyond what seems to be the personal control of the sufferer. Such events as unrequited love, disappointment in one's children, marital discord, loss of financial security, death and accidents, and all of the other unfortunate happenings which bring marked unhappiness are included here. Generally we expect that the sufferer will react with some variety of melancholia or depression, and that after a sufficient period of time he will regain his mental equilibrium.

Generally one does not think of psychopathology in relation to the circumstances and occurrences which have just been named. Psychopathology is usually reserved for the description of the mental disorders and deviations which are without known cause, physical basis, or any other adequate associated explanations. The mental deviations accompanying the psychoses, neuroses, amentia, and other psychopathic states are the ones most usually called psychopathological. It might be pointed out that this pecularity in thinking, namely, that psychopathology is only truly psychopathology when there is no physical basis, leads to many errors in the approach to the general problems involved. For example, there is no reason to believe that the anxiety state of the neurotic is psychologically any different from the anxiety experienced by the chronic tuberculous patient.

So far as the mental condition in any psychopathological state is concerned, no matter what its origin or lack of origin, it is usually held that there is nothing physical and little that is objective that can be done to relieve the condition. In our attempts to heal, cure, or alleviate psychopathology, we have recourse to words. These words may be conversation, advice, directed thought, attempts at mental habit training, and so on. Or they may be songs, poetry, or rituals. The words may be used with magical intent. The words may be used in a religious context in any sense of the meaning of the word religion. From these words the sufferer hopes to secure relief from his mental turmoil, comfort, reassurance, security, relief from loneliness, absolution from guilt, and promise for the future.

The sufferer has found, or has been told, that he will secure little or

no relief through medicine, surgery, or other physical or objective means. He has found, or has been told, that it is "all in his mind." He has previously tried, or has been told of, many agencies, organizations, individuals, books, or methods which may provide some relief for his troubled mind. He knows of many individuals who have found relief through following any of the vast number of agencies or devices. On previous occasions his own troubles may have been relieved by any one of these diverse agencies. If his mental turmoil has continued long enough, one can be relatively certain that he has tried a number of agencies or methods and that he is willing to try almost any other agency or method, even though he is skeptical when he enters on any new procedure.

Out of all of these methods one can make the generalization that words heal, words cure, words bring relief. This brings us back to the first question—how does communication through words act to bring relief, to cure, or to heal psychopathological states?

Our second question: Why is accredited and accepted modern psychotherapy a medical specialty rather than a clerical specialty? Modern medical psychotherapy begins with the work of Charcot in the 1880's, and its present development as a medical specialty can be attributed, for the most part, to the work and theories of Freud and the Freudian psychoanalysts. Although modern psychotherapy is largely psychoanalytically oriented, this condition might very well be termed an historical accident.

The history of the entrance of medicine into the problems of mental alienation is somewhat as follows: For centuries the insane had been taken care of in jails, almshouses, asylums, or other custodial institutions. The care of the insane was never regarded as a medical or clerical responsibility. The physician might be called upon to set a broken leg of a maniac, or the clergyman might be called in at the time of death. However, these were special incidents and were not regarded as part of the general responsibility of either professional group. The humanitarian movements leading to better care and treatment of the insane got under way about 1850, largely through the crusading efforts of Dorothea Dix. She brought to public attention the very deplorable status of the institutions which were at that time caring for the insane. This led to the founding of mental hospitals as we now know them. Her influence was followed by the crusading of Clifford Beers, who, during the first

third of the present century, started mental hygiene as we now know the subject. This, essentially, meant attempts to prevent mental disease and disorder through better educational, social, and medical methods. The work of Miss Dix and Mr. Beers led to more adequate physical and medical care of the insane. Tuberculosis, pneumonia, and a variety of physical ailments were common among the insane. Because of these physical diseases, the physician came to play a greater and greater role in the care of these unfortunates. In order to bring about better physical medicine, the physicians found it necessary to convert the asylums into hospitals. Having made these custodial institutions into hospitals, and having provided in one fashion or another for the physical well-being of the patients, the physicians were left with the major problem of doing something about the psychopathology. Physical disorders and deviations were, to the physician, diseases. Hence, by analogy, mental disorders and deviations were mental diseases.

During the entire nineteenth century, the diagnostic classification of mental disorders was extremely varied. Each hospital superintendent or professor devised his own system on the basis of the immediate hospital needs or in the light of his own philosophy. During the 1890's Professor Emil Kraepelin devised a diagnostic classification of the major mental diseases. This system was so well conceived that it is still the one used in most European and American hospitals. Kraepelin based his classification on the principle of prediction. He personally studied many hundreds of cases and reviewed thousands of case histories of mentally deranged individuals. From this he concluded that mental disorders could be divided into those caused by external conditions (which are or should be curable) and those caused by inherent factors (which may be alleviated, but which are essentially incurable). His viewpoint had in it an element of the fatalism of the natural scientist who observes phenomena as they occur but does not quarrel with their occurrence. Kraepelin assumed that mental diseases exist as separate entities and that, fundamentally, the cause of any mental disease is predetermined and predictable. For him the words curable or incurable were inaccurate since, without benefit of specific therapy, some patients will naturally recover and others will naturally fail to recover and so deteriorate. Thus, he pointed out that the course of the disease is predetermined in the same way that a chemical reaction is predetermined. The personal side of the patient's illness is incidental or accidental. This hypothesis is scientific,

logical, and consistent, and it has dominated psychiatric thought for more than a generation. Kraepelin himself never started a "school" of psychiatry. He was a medical scientist in the best sense of the term. His approach was a true triumph in that it brought "insanity" into the field of medicine. As a result of this system of classification, better therapeutic efforts could be and were devised for the patients suffering from the so-called recoverable psychoses. It followed that more of those who were mentally ill recovered than had been previously true.

The history of the psychotherapy of the neuroses and psychosomatic complaints is relatively independent of the history of the care and treatment of the frankly insane. Until Charcot's investigation of hysteria and his application of the method of hypnosis in the treatment of this condition, little of a systematic nature had been attempted. Freud, following a year in Charcot's clinic, returned to Vienna where he made use of the methods he had learned in Paris. He soon found that it was possible to dispense with the hypnosis, and that better therapeutic results could be obtained by allowing the hysterical patient to talk freely concerning anything that came into his mind. This method, as it finally developed, consisted of allowing the patient to relax while permitting his thoughts to drift idly from one idea to the next. This process of free association was found to reveal much material which was previously unconscious. The material was verbalized and made available to both the therapist and the patient. In this procedure there were two objectives: one, to survey the unconscious material of the patient's mind through the application of the method of free association; the other, to show the influence which this unconscious material had had upon the patient's relationship with other human beings as well as upon his own mental life. It has been found empirically that this method produces an alleviation of the acute symptoms, and even brings about seemingly permanent cures in some patients suffering from hysteria, neurasthenia, and similar neurotic states. The best estimates indicate that 40 to 50 per cent of hysterics are much improved or recover following psychoanalysis. The percentage is about the same for compulsive and traumatic neuroses. In other neurotic and psychotic states the rate of amelioration is from 10 to 30 per cent.[1]

To return to the traditional methods which were used by the clergy

1. C. Landis, "A statistical evaluation of psychotherapeutic methods." In L. E. Hinsie, *Concepts and Problems of Psychotherapy* (New York, 1937), pp. 155-69.

in caring for those of troubled mind, we can only note that they have continued with the methods of worship, prayer, confession and absolution, which for centuries past had been the standard procedure in approaching human ailments and unhappiness, whatever their nature or source.

It is pertinent at this point to digress to consider whether or not there has been change in the rate of mental deviation or disorder in the general population during the past two centuries. In all probablity there is no increase nor decrease in the rate for the major psychoses—dementia praecox and manic-depressive insanity.[2] There is probably no change in the incidence of the alcoholic psychoses. There has been a decrease within the past twenty years in general paresis. There is a tremendous increase in the number of those suffering from the mental disorders of old age, which increase is associated for the most part with the increasing number of the aged. It is impossible to do more than guess whether or not there has been a change in the number of neurotic individuals in the population. These disorders are not reportable, are not institutionalized, and hence do not become a matter of public record. It seems a fair hypothesis that there has been an increase associated with the increased complication of modern civilized existence. One feature which is known to precipitate neurotic conditions is increased emotional stress or demands made upon an individual which are beyond his normal capability for response. Certainly there has been an increase in the number of individuals who have come to physicians with mental complaints. I do not know whether or not there has been a corresponding decrease in the number of individuals suffering similar complaints who have gone to the clergy.

I believe that background for the second question of why psychotherapy is a medical specialty rather than a clerical specialty is now clear. The medical profession met the problems in a systematic fashion as they occur in our everyday lives. The clergy were content to use those methods which had been found satisfactory during previous centuries without making a major attempt to meet new conditions.

This leads to the third question: Why and how did psychotherapy fall to such a low state in the field of religion? Religion has a variety of definitions. It may be regarded as an attitude which indicates belief in and

2. C. Landis, and J. D. Page, *Modern Society and Mental Disease* (New York, 1938).

reverence for a Divine power. It may be said to be a process whose general distinctive function may be viewed as consecration, reconciliation, or deliverance from evil. It may be defined as being concerned with the ultimate, or as an attempt to live in right relations with that which is of ultimate concern for one's existence. From the standpoint of psychotherapy, religion may be thought of as an attitude or process which provides ultimate meaning, particularly to one of troubled mind. Religion has utility in human existence in that it satisfies man's longings and desires for those things or conditions which are physically and mentally unattainable in this existence.

From a psychological point of view there are several ways in which religion plays a role in the mental life of the individual. It is an attempt to intellectualize a universal emotional experience. All attempts at making verbal an intellectual emotional experience are difficult, and none of them are too satisfactory. I do not belive that there is any other emotional experience in which such a consistent and determined effort has been made to make the process intellectually comprehensible and understandable as has been done for religious experience. A second method of use of religion is the postulation or declaration of an omniscient, omnipotent Divinity who is able to recompense, reward or punish, and so bring serenity to mankind, either in this existence or in an existence to come. In this sense religion is a human intellectual invention to supply the necessary balance for the individual experience of injustice and unhappiness. A third psychological use of religion occurs in its utilization by government. Religion is a successful device for stabilizing the social, economic, and cultural group so that many of the more obvious inequities inherent in the organization find compensation. It permits a social organization or a culture to operate where it might otherwise be inoperable.

Both from the view of utility and method, it seems that psychotherapy should be entitled to an honorable and important role in all religious concern. Religion is an attempt to intellectualize emotion; hence, religion should be able to deal with such problems as anxiety or guilt. Religion makes use of an all-powerful Deity who can reward or punish. Certainly, one who is troubled of mind needs reassurance, reward, and punishment. No group in a culture causes greater disruptive effects than the mental deviants. As a mechanism for social equilibration, religion might be expected to be primarily interested in psychotherapy. I am not aware

of any body of evidence indicating that the clergy has approached the very real problems of present day psychopathology from an experimental or questioning point of view. There are a fair number of books dealing with one or another phase of the relation of psychoanalysis to religion, but these are chiefly speculative.

The background for these three questions should now be clear. It remains to consider certain probable or possible answers.

One of the best statements of what acts in psychotherapy is one which has been formulated by Prinzhorn as follows:

> What *acts* in psychotherapy? In the first place, the *fullness of understanding of men, the leadership, the psychopathological experience, the wide view of life and the freedom from the private-ego proper to the psychotherapist;* in the second place, *the agitation, manifesting itself as transference,* of the patient tormented by loneliness, uncertainty and anxiety, the degree of the transference depending chiefly on the leader and on the special tone of the personal harmony; in the third place, the *methodical thoroughness* of the therapist, together with the diagnosis of the psychosomatic, and especially of the physically assailable, symptoms; in the fourth place, the transition to *a way of life suitable for the patient* (proceeding from practical life-technique to problems of culture and restraint, and so onward to religious ties). More deeply considered the effective agent in all this is: *that the therapist, in virtue of the Eros paidagogos which inspires him, helps, as mediator, from the isolation that is full of fear, to wholeness of life, to new comradeship, to the world, perhaps to God.* Without this form of the erotic, no psychotherapeutic curative action is possible. *A psychotherapist cannot help, nor a patient recover, if this vibration is absent, or if it does not correspond to the special note of the situation.*[3]

If this formulation is correct, then certainly psychotherapy is well within the proper scope of the clergyman. It is by no means limited to one of medical training. Prinzhorn, himself a physician, points out that, in his opinion, the patient is more apt to follow the lead of a medical therapist, since the physician is free to question and to care for physical ailments. I regard this as a weak argument. The person above all who should have a full understanding of men, a sense of leadership, a wide view of life, and a freedom from self-consciousness is the priest. His concern is with the ultimate welfare of the individual. In the absence of a specific therapy he should be able to carry more authority to the suffering individual than anyone else. He already has an immense social prestige,

3. H. Prinzhorn, *Psychotherapy* (London, 1932), p. 332.

so that his authority is psychologically more soundly based than that of any other individual, including the physician.

Recalling again the curative or ameliorative factors used in psychotherapy, we find that the following general procedures are available: (a) good advice, (b) fulfillment of wishes and settlement of conflicts, (c) enlightenment, (d) self-discipline and discipline of the will, (e) confession and absolution, (f) rebuilding toward a more desirable personality structure, and (g) transference (in the Freudian sense). Any or all of these factors should be at the easy command of the clergy. They certainly are not part of the regular training of the physician.

Prinzhorn has formulated specifically the relation of psychotherapy to religion as follows:

> *The essential function of psychotherapy is the same as that of every religious community:* RELIGIO, binding back, giving the individual a refuge in something supra-personal, redeeming. Whether this is sought in a faith in God, in taking firm root in the psychosomatic reality, in a technique of life that is ascetic or epicurean, or sporting, or aesthetic, is, from the standpoint of psychotherapy, quite a secondary matter. *As psychotherapy, its only concern is that the sufferer shall find a form of security for life, of self-realization, of unity with something greater than what his illness recognizes as himself—Nature, fellow-man, culture, community; principle of harmony with God, with universal life,* to which all the foregoing are approaches. As regards method, then, all psychotherapeutic, like all religious leadership, must seek the sustaining mean between rational regulation and the devotion that redeems the lost.[4]

To my mind it is now clear that all that acts in psychotherapy is properly part and parcel of religion and should be adequately understood and dealt with by the clergy. The only exception to this occurs in somatic medicine, where treatment of the somatic condition is properly and rightfully the concern of the physician and surgeon.

If we return to the second question of why modern psychotherapy is medical rather than clerical, we may more clearly comprehend the issue if we ask the question of why the general public now takes its mental troubles to physicians rather than to the clergy. Anyone is free to draw up his own list of reasons for this. I submit the following which seemed important to me as a psychologist and without implying that they are in any sense an inclusive statement.

1. The physician offers specific individual help. He offers something

4. *Ibid.*, p. 329.

tangible. His therapies are varied and seem, at least, to meet the particular problems of each individual rather than a generalized procedure which applies to everyone. He inquires at length into the specific difficulties, their apparent cause and their apparent effects. He frames his answers and his projected therapy in relation to modern medical science and cultural standards.

2. Generally speaking, most physicians now have enough training to offer adequate care for both mind and body, or, if one physician feels incompetent, he will refer a case to some specialist who has competency in dealing with the particular ailment. Medicine is past the place where it hands out a cure-all taken from a single bottle.

3. The patient hopes that the physician may find a somatic basis for his mental disability and, by curing the somatic complaint, relieve his mind and hence free him from the stigma of possible insanity. (Incidentally, the popular belief that insanity and sin are synonymous must be assumed as a responsibility of the theologian.)

4. The physician does not preach nor pray. He treats the ailing individual as a patient and, if necessary, hospitalizes him for more adequate therapy.

5. The medical men offer to the public the benefit of the newest discoveries in both somatic and psychological medicine. There is no general attitude that present day medicine is universally true and that its acceptance is necessary for cure or health.

6. Generally speaking, the medical profession offers a united front. They are not a group of warring sects, each preaching its own therapy which presumably is the only one which will cure the ailments of mankind. There is, of course, much disagreement back of the scenes but little of this ever comes to the attention of the general public.

7. Physicians, educators, engineers, farmers, and manufacturers in our present day culture must meet the pragmatic test of delivering a product or a result which is thought good or desirable by the community. In the case of medicine it is absolutely true that there is less disease; that such disease which does exist is less severe; and that longevity, in our particular culture, has been greatly increased.

In view of reasons such as these, as well as others which might be listed, it is not surprising that the general public takes its mental troubles to the physician; and it is to the credit of the medical profession that, having been put in the position of responsibility for psychopathological condi-

tions, they have taken over an entire field of activity foreign to them, and made it part and parcel of present day medicine.

The third question dealt with why religion allowed psychotherapy to escape it. Four possible explanations occur to me:

1. Religion deals with the ultimate. The physician is both willing and eager to deal with individual concerns and ailments. The physician is not concerned with the ultimate meaning of existence. He knows that he is forever condemned to a losing battle, and that every one of his patients must some day die. In spite of this he never gives up nor tells his patient, "Why should I worry about your headache. You're going to die eventually, anyway." It may be philosophically desirable to orient religious concern to the ultimate, but this fails to meet the very pressing, immediate need of the individual.

2. Protestant religion seems to have become largely a question of moral standards. In this conceptual frame-work the patient suffering from mental turmoil must have committed some sin, and in consequence, so long as he is a sinner, his mental turmoil is his just punishment. Contrast this to the medical attitude. For example, if a homosexual approaches a minister he is almost certain to be told he is a pervert and a sinner. When he goes to a medical psychotherapist there is no question of morals involved, but rather a question of what the psychological dynamics of his behavior and consequent attitudes may have on his general life adjustment.

3. Religion has to the common man become a fixed and absolute frame of reference. He has been encouraged to this belief. The common man considers that religion has failed to keep up with the changes in thought and culture which take place from generation to generation. All that the common man expects to hear from the clergy is a deploring of progress and a pleading for a return to the Rock of Ages. It is not unfair to say that a majority of the clergy regard psychopathology as a morbid, nasty subject, one largely comprised of sinfulness, and one from which the clergyman should keep as far away as possible. General paresis has long been said to be a just retribution for sin. The organized opposition to venereal prophylactic clinics comes from religious groups. Medical science has to a large extent conquered this disease in spite of religious opposition.

4. The clergy has been gullible. They have accepted and endorsed methods and proceedings reputedly of psychotherapeutic value which

were actually fraudulent so far as public health and welfare were concerned. The crusades against vaccination, evolution, and prophylaxis for venereal disease are examples to the point.

My own personal belief is that psychotherapy should be a prime consideration in religion. It escaped because of a preoccupation on the part of the minister with morals, philosophy, and short-cuts to Heaven. In brief, I would charge that the clergy have allowed themselves to be diverted from their proper place in our present culture, and that they are not adequately meeting a very real human problem which society legitimately expects them to handle.

No one of the answers to the three questions which I have posed is final, but I would maintain that psychotherapy (that which acts) is clearly part of the larger concept of religion. It has been taken over by the medical profession, and apparently the clergy have been glad to see it go. Whether this is socially or culturally desirable is a fourth question which I, a psychologist, now refer to the professors of philosophy.

BOOK REVIEWS

La Composition du Livre de Job. By JOH. LINDBLOM. (K. Humanistika Vetenskapssamfundets i Lund Årsberättelse 1944-1945, III, 111-204.) Lund, Sweden: C. W. K. Gleerup, 1945. 94 pp.

Since the Book of Job is one of the greatest pieces of literature to come down to us from the ancient Oriental world, and, by virtue of its inclusion in a collection held sacred by Jews and Christians, receives an attention more widespread than a non-canonical book could obtain, the progress of research dealing with it is of considerable interest. It is thus fitting that notice should be taken here of the most recent general study on the subject by the Swedish scholar, Johan Lindblom, in the Bulletin of the Royal Society of Letters of Lund, 1944-45. Since it is printed in French it is obviously aimed at the international theological market, and is not intended merely for the instruction of Swedish circles.

The present reviewer grappled with the problems of Job in his *Book of the Ways of God* (London and New York, 1939). Unfortunately, very few review copies were available for this country, with the result that such important journals as *The Review of Religion* were unable to take notice of it. My discussion of Lindblom's treatise may thus, perhaps, be permitted to take on the character of a *Selbstanzeige* of my own work. In any case, a reviewer who has himself dealt in detail with a subject reads what another subsequently writes on it in the light of the question: to what extent does the new author agree with him, and has he presented a case that would undercut or invalidate his own? But if he is the right kind of scholar, to whom the truth is the polar star, he will rejoice if the newer study attains to fresh and better insight. The present reviewer, therefore, approached Lindblom with a complete willingness to be instructed. But it is also obvious that a scholar who writes on a subject on which others have written should not neglect to consider carefully the arguments and positions of his predecessors. He need not advertise their persons, but he should not overlook any important truths they have pointed out. In this respect, Lindblom's treatise falls short of the scholarly ideal. True, he occupies himself momentarily on a passing point with one or the other of his predecessors, but it would appear that much more is called for, as I hope to show in a few particulars in this review. Since Jastrow, Buttenwieser, Batten, and some others are prominently mentioned, we suspect that Lindblom's views crystallized or were form-

ulated some time ago, and that he did not take occasion to weigh the newer work with equal thoroughness. His treatise is primarily an exposition of what he himself thinks. The question is, whether he has thought anything that is new and important which can stand up in the face of what others have thought.

The importance of the critical position taken always appears when one discusses the purpose of the Book of Job. It makes all the difference in the world what sections one regards as secondary and thus leaves out of consideration in attempting to fix the author's aim. Lindblom's general position is that a Jewish author of the late period took a Judaized Edomitic legend and made it the basis of a literary work dealing with the problem of the divine justice. He replaced an earlier dialogue (in a legend!) with an extended three cycle dialogue concluded by a speech of God on the marvels of nature (Job 38-39), whereupon he made Job submit and confess his ignorance (40:1-5). This dialogue subsequently suffered changes and enlargements. The Elihu speeches form such an addition. The poem on the divine wisdom (ch. 28) was a still later addition, made with an eye to supplementing the viewpoints of Chapters 38-39, where this thought was not sufficiently stressed. The speeches of God were expanded by the Behemoth-Leviathan materials. Lindblom regards 40:6-4 as a secondary entity, composed by one who regretted the absence of any notion of God's moral government in the divine speeches of 38-39. In the account of Job's submission, he considers 40:1-5 to be original, and 42:1-6 as without originality and pertaining to the secondary discourse of God (40:6-14). Lindblom holds that the problem of the book is how to reconcile the injustice of the world with the justice of God. The answer given by the author is:

> God is just—he acts according to the law of retribution. But events happen in human life in which it seems as though the justice of God were suppressed. In such cases one should not accuse God of injustice, but wait and humble oneself before the inscrutable one, preserving the hope that justice will triumph in the end.

It is a question whether Lindblom here is not confusing the effect the book has in its final shape, with the intention or purpose of the author of the dialogue. That it is legitimate to take the book as a completed product and inquire into its meaning *sub specie aeternitatis,* I have set forth in the final chapter of my own treatise. But that function differs from that of setting forth what was originally intended.

It is not possible or profitable to debate the composition of the dialogue with Lindblom here. But I would like to take up, instead, his views on the prose materials—the Prologue and Epilogue. The way in which they are understood and explained is of great importance for the history of the book. The question is whether Lindblom's views are superior to mine (of which he has taken no cognizance).

Lindblom sees the origin of the whole development in an Edomite popular tale which became known to the Israelites and was revised or Hebraized. He reconstructs this old Edomite tale as follows: it told of Job's wealth and piety, the sacrifices he brought for his children, and the disasters that fell upon him. He was filled with grief but prostrated himself before the sun (!) and, in spite of all, preserved his piety. Three friends visited him and stayed seven days. At the end of this period, they began to speak and accuse the God of Job of injustice and cruelty. Job, on the contrary, defended his god. The anger of God was directed against the friends, who were then obliged to expiate their sins by considerable sacrifices. Job was praised for his constancy and rewarded with double wealth and a new family. In the Hebraization of this Edomite tale, new elements were added: Satan and his role, the sickness of Job, and the role of Job's wife as temptress to impiousness (in which role she is parallel to the friends). The Edomite story was a popular tale that had no need to seek a particular cause for the misfortunes of Job, but the Hebrew story-teller, thinking of the justice of God, was interested in explaining the calamities.

The idea that the friends, in some earlier stage of the book, spoke against God is not new. It has already been expressed by Cheyne. The new thing is that Lindblom attributes this idea to an Edomite folktale, and that he is willing to sacrifice a much better folktale figure—the wife of Job—on behalf of this view. It seems intrinsically unlikely and unthinkable that a folktale should have introduced three visitors with no other function than to accuse the God of Job in a few words. One must insist that whoever had the idea of the three visitors was planning to have them make more extended speeches, in other words, was the poet of a dialogue (even if not of the present dialogue). Lindblom here shows a poor appreciation of the nature or structure of folktales. Furthermore, to eliminate the sickness of Job and the figure of Satan from 1-2:10 is, I believe, to venture into the realms of the impossible. The structure of 1-2:10 builds up to a climax with an imagination that I have

called "almost Homeric." Convinced that the tale was built of seven scenes, of which the final two describing Satan's discomfiture and Job's rehabilitation, were sacrificed when the tale was prefixed to the book. I took the position that 2:11-13 and 42:7-9 have nothing to do with 1-2:10, but are the framework into which the present dialogue was built. The arguments for this separation of 2:11-13 and 42:7-9 from 1-2:10, seem to me so decisive that I must urge the reader to look up my book and weigh them for himself.

If the independence of 1-2:10 is admitted, the Edomite origin of the tale of Job breaks down, for there is nothing in that portion of the book to suggest it. Lindblom himself admits that one tradition about the land of Uz puts it in or near Aram. I hold that 1-2:10 presupposes that localization. Owing to the Assyrian conquests the name (and the tribe bearing it) may have moved south to Edom, as Dan once moved north. Since I find the tale in 1-2:10 close to I Kings 22 in viewpoint, I consider it an eighth century production. At that time Chaldaeans and Sabaeans could well be regarded as marauding in the Hauran (pp. 188 f). The Edomitic locale is presupposed, however, in 2:11-13 and 42:7-9, a narrative or anecdote standing close to the Elohist in time (cp. Gen. 20:7). One may well argue that the wisdom of the Edomitic sages stands behind some older form of the dialogue (cf. Pfeiffer), though I personally have opposed the idea that the Edomite stage of its history is tangible. In any case, 2:11-13 and 42:7-9 are the re-used torso of the framework narrative of an earlier dialogue. Whoever first invented it was imbued with the idea of having a series of speeches—and wisdom speeches at that (the leading contender coming from Teman, proverbial home of wise men). At the same time, that earlier dialogue cannot have described Job as speaking as he now does, for that does not merit the approbation given in 42:7-9, any more than the friends deserve to be condemned in such words. But there are more traces of earlier dialogues in the poetic materials. I continue to think that there was a whole Job literature of which our book is the harvest.

If Lindblom holds that 42:12-15 was added as a later conclusion but is a reproduction of the conclusion of the old Edomite folktale, I think he is right, at least, in considering this folktale material. But I think the arguments given in my own book that 47:10-17 is a composite piece, containing some editorial material and some parallel traditions about Job deserve consideration. Thus I believe that 42:11 is parallel to the

visit of the friends 42:7-9 but stressed poverty rather than illness, and 42:13-15, I hold, gives us the names of the original family from a version in which they were not imagined as wiped out, as is the case in 1-2:10.

That the scholar who is going to occupy himself in detail with Job will find points well worth considering in Lindblom's remarks goes without saying. A critical review is no resumé of all a book or treatise has to offer. But we must guard against the idea that the latest writer has digested and therewith done away with what has been previously written. I see no reason to recant any of the views expressed in my book and in the brief article on Job in the *Encyclopedia of Religion* (1945).

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Der Leib Christi. By ERNST PERCY. (Lunds Universitets Årsskrift.) Lund, Sweden: C. W. K. Gleerup, 1942. 59 pp. Kr. 3.

Augustinus' lära om Arvsynden. By NILS ERIK ANRUP. Lund, Sweden: C. W. K. Gleerup, 1943. viii, 242 pp. Kr. 7:50.

These two studies are products of the Lundensian school of theology in Sweden, and in both of them one can discover the characteristic approach and method of this school. Dr. Ernst Percy is a member of the theological faculty of Lund. The full title of his book, *Der Lieb Christi in den paulinischen Homologumena und Antilegomena,* indicates that the chief problem is to compare the meaning of the phrase, "the body of Christ," as found in the chief letters of Paul (Romans and Corinthians) with the usage of the same phrase in Ephesians and Colossians. Since, however, this cannot be done except by an analysis of the concept in all the letters, the study becomes in reality an inquiry into the meaning of the conception of "the body of Christ."

The author questions first the usual interpretation of "the body of Christ" in I Corinthians and Romans, namely that the spiritual Christ dwells in and pervades the body of Christians and thus makes them a unity. This interpretation is shown to rest on the Greek idea of a dualism between body and spirit. To be baptized "into one body" (I Cor. 12:12) is analogous to being baptized "into Christ" (Rom. 6:3; Gal. 3:27), that is, to be united with His Person. Baptized "into one body," then, means to be united with this body, i.e., the body of Christ.

In Rom. 12:5 the reason for the possibility of the one body is expressed by the formula "in Christ." The author discusses this formula at length, and contends that it should not be interpreted as arising out of the similar formula, "in the spirit," as Deissmann held. These formulas come out of different conceptions: "in the spirit" goes back to the O. T. expectation of the outpouring of the Holy Spirit in the last days, and "in Christ" comes from the belief in the death and resurrection of Jesus as an event which marks the end of the old aeon and the beginning of the new. If one of these formulas depends on the other, it is "in the Spirit" which receives its full Christian significance through "in Christ" (p. 36).

In his interpretation of the phrase, "in Christ," the author takes it to mean *"being* in Christ," and consequently speaks of *das Sein in Christus*. This assumes that some form of the verb "to be" is always to be connected with this formula. Actually, however, Paul does not use any form of the verb "to be" with "in Christ" or "in the Lord," except in Rom. 16:11; I Cor. 1:30; and II Cor. 5:17. It is found in only three passages out of a total of 165. In the majority of these instances, "in Christ" modifies a verb of action. The question of what the phrase modifies is entirely ignored in the discussion. If this were given sufficient weight, it might be discovered that the formula is not so much concerned with *"being* in Christ," which lends itself to a mystical interpretation, as with expressing the ground upon which the existence and character of the new life depends. The conclusion of the author that "das Sein des Gläubigen in Christus bei Paulus (bedeutet) reales Teilhaben an allem, was Christus als Heilsmittler der Menschen gelitten und gewirkt hat" would be strengthened by this observation.

If all believers are "in Christ," then "the body of Christ" is another expression for this participation of all believers in Christ. The congregation *(Gemeinde)* as "the body of Christ" coincides with "the being in Christ" (p. 44). "The conception *Leib Christi* used in reference to the congregation contains a twofold idea: first, that the congregation is one body with Christ in which he is all in all; and second, that this body is an organic unity with many different members" (p. 46).

Finally, the author finds that there is no essential difference between the use of the figure, "the body of Christ," in the chief letters and in Ephesians and Colossians. The figure is used from two different viewpoints: the believers are *one* body in Christ, and Christ is the Lord and

Source of life in this one body. Both of these ideas are thoroughly Pauline. The relevance of this study to the conception of the nature of the Church is obvious.

The title of the second book, literally translated, is "Augustine's Teaching About Inherited Sin." This is a doctor's thesis presented to the theological faculty of the University of Lund, Sweden. It is very thoroughly documented with extensive footnotes of quotations from Augustine's works and the works of other scholars.

The author finds a considerable development in Augustine's conception of original sin, but his teaching was not a reaction to Pelagianism. In his early writings he had an optimistic view of man's free will and regards man primarily as *homo sapiens,* but already in his struggle against Manichaeism, and especially through his study of Paul, he had arrived in principle at the position which he later defended against Pelagianism. When his opponents quoted his earlier writings against him, Augustine declared, in his *Retractationes,* that he had held the same views since his conversion. This he could do, however, only by reading later points of view into his earlier writings.

Before the Fall, man possessed *Liberum arbitrium,* in the sense that he could freely choose between good and evil, but after the Fall, man's freedom consists in ability to act *cum delectatione,* in accordance with his strongest desires for happiness. The result of the Fall was that man seeks happiness not in God, his highest good, but in gratification of the senses. Man is free only in sin, *in Malis.*

Man's guilt, *reatus,* has its basis in Adam's disobedience, since all sinned in Adam. The punishment for sin is desire *(concupiscentia)* and ignorance *(ignorantia).* But neither *concupiscentia* nor *ignorantia* is the basis of guilt, although *concupiscentia* is the means whereby sin is inherited.

The concept of grace is the complement of Augustine's teaching about inherited sin. Fallen man is driven by desire for sensual gratification, and he cannot seek and love God. Love or desire for God is then the opposite of *concupiscentia,* but this love man can achieve only by being set free by grace.

The author succeeds admirably both in setting forth the significance of such ideas as *liberum arbitrium, concupiscentia, ignorantia,* and *reatus,* and also in showing the limitations of Augustin's conception of evangelical faith. Augustine accepted the problem as posed by the

Pelagians, can man present a righteousness which avails before God? His answer is no. In order to produce such a righteousness man must be set free by grace. Grace becomes, then, the help given man by Christ, the infused love, which enables man to produce the true virtues, to love God, and thus to merit the reward of eternal life. By himself man cannot prevail against lust, but when he has received grace, then God has so arranged it that by struggling and overcoming sin man can earn his eternal reward.

The last chapter presents a review of the proofs which Augustine used to establish the truth of his doctrine of inherited sin. Especially interesting is the review of the teaching of older Church fathers which Augustine used to show that his ideas were not innovations but a part of the Church tradition.

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Vitae Sanctorum Britanniae et Genealogiae. By A. W. WADE-EVANS. (Board of Celtic Studies, University of Wales History and Law Series, no. 9.) Cardiff: University of Wales Press Board, 1944. xx, 336 pp. 21*s.*

In 1853, W. J. Rees published at Llandovery his *Lives of the Cambro British Saints,* being the Latin Vitae of the Welsh Brynach, Cadog, two of Carannog, David, Gwynllyw, Illtud, Cybi, Padern, Tatheus, and of the Irish Aidan and Brendan; the Welsh Lives of the Welsh Beuno and David, and of the non-British Catharine and Margaret, besides several pedigrees of the Saints, etc. This edition, with an English translation, is almost incredibly faulty, so that the admirable text and version of Fr. Wade-Evans, long-awaited, is most welcome. Here the translation of the Life of St. Beuno is omitted, as is the Welsh Life of St. David, which has been better edited by J. Morris-Jones and J. Rhŷs (*The Elucidarium* [Oxford, 1894], pp. 105-18). There is no rendering of the Latin Life of St. David, since it was translated separately by the editor (London, 1923), and the Vitae of the non-British Saints have, properly enough, been omitted. On the other hand, a second Life of St. Cybi has been added, as well as the *Cognacio Brychan,* the *Ach Kynauc Sant,* and the *Generatio S. Egweni,* while the *Bonedd y Saint* has been re-edited from an older and better manuscript. To make the collection more

nearly complete, the Lives of SS. Clydog (*Book of Llan Dâv,* ed. A. J. G. Evans [Oxford, 1893], pp. 193-5), Dyfrig (I, *Llan Dâv,* pp. 78-86; II, H. Wharton, *Anglia Sacra,* ii [London, 1691], 654-61), and Teilo (Eliud) (I, *Llan Dâv,* pp. 97-117; II, *Anglia Sacra,* ii, 662-6) might have been added.

On page ix, it should be noted that the pagination of the Latin-Cornish Vocabulary (1065-81) is for the second edition of C. Zeuss's *Grammatica Celtica* (Berlin, 1871) = pp. 1100-24 of the first edition of 1853.

It might have been helpful if the Welsh equivalents of the Latin names had been added more frequently; and here, wretched as Rees's book is, some information might have been gleaned from the notes, especially from those by [Thomas] W[akeman]. In such cases, the editor is not consistent; thus we have (St. Bernachus, §§ 4-6, 8) Fons Rubeus *Red Well* (why not also *Ffynnon Rhudd*?), Pons Lapideus *Pontfaen* (why not also *Stone Bridge*?), Senex *Old* (why not also *Hen*?); the model to be followed throughout should be Saltus Ueteris Ecclesie *The Grove of the Old Church, Llwyn hen Llan.* Further identifications made by Rees, but not noted by Fr. Wade-Evans, are, e.g., in the Preface to St. Cadocus (cf. Rees, p. 310), the list of the possessions of the canons of Nantcarvan (St. Cadocus, § 49; cf. Rees, pp. 379-80), and Mauritana (St. Paternus, § 7) = Llanbadarn Fawr (Cardiganshire; cf. Rees, p. 505). Outside of Wales, we find the Scottish Bannauc and Lintheamina (St. Cadocus, §§ 26, 36), the former surviving in Bannock Burn and the latter possibly being for Lleuddiniawn, the Welsh form of Lothian (W. J. Watson, *History of the Celtic Place-Names of Scotland* [Edinburgh and London, 1926], pp. 195-96, 516); the Irish Aruin = Aran (St. Kebius, § 9) and Lismor Muchutu (St. Cadocus, § 10) = Lismore (Co. Waterford); and the Norman Ecclesia S. Michaelis in Monte Tumba (St. Iltuti, § 24) = Mont-St-Michel.

The story of St. Cybi and Crubt(t)hir Finta(m) in Ireland (St. Kebii, §§ 9-14), not recorded in the Irish *Vitae Sanctorum,* which do not even mention the Saint, is an instance of a tradition of a Welsh saint in Ireland, but preserved only in Wales. On the other hand, the meeting of SS. Brendan and Barre (Findbarr), while the former was living on his whale and the latter was riding across the sea from Britain to Ireland on a horse lent him by St. David, is incorporated in St. David's life (§ 40; cf. C. Plummer, *Vitae Sanctorum Hiberniae* [Oxford, 1910], i, xxxi,

cxxxii, and, for the relations in general between the Welsh and the Irish Saints, ibid., pp. cxxiv-cxxv).

The mention of a *manuale* in the Vita S. Cadoci (§ 29), written by Lifris (d. 1104), is at least a century older than any reference in Baxter-Johnson-Abrahams, *Mediaeval Latin Word-List from British and Irish Sources* (Oxford, 1924), p. 257; and, while this reviewer has glanced only cursorily at the English translation, he thinks that *graphium* (78. 36, 126. 20) should be rendered by "register, cartulary" rather than by "graphium" (cf. Baxter-Johnson-Abrahams, p. 195). With regard to the building of churches, one in honor of St. Cadog was erected where he caused a miraculous spring to burst forth (St. Catocus, § 31), and another where the virgin martyr Machuta met her death (St. Tatheus, § 13). Generally speaking, the scarcity of notes identifying persons or places, or explaining religious or secular usages, seems to this reviewer to be the one grave flaw in the entire volume.

A particularly curious stylistic feature in the Welsh Lives, which the reviewer has observed neither in the Scottish nor in the Irish Vitae (except for a few Irish verses inserted in the Latin text), is the use of metrical lines in the midst of the prose. Some of these the editor has noted: St. Cadocus, §§ 19-20, 32, 44; St. Tatheus, §§ 5-6, 10-11, 15. But there appear to be a number of others: St. Iltutus, § 5 (200. 31-4):

St. Iltutus, § 5 (200. 31-4):

Femina nunc uilis, quondam dilecta, suauis,
Filia luxurie, letalis origo ruine,
Enutrit penam, [quia] si quis amauerit illam,
Formula pulchra nimis turpescit nunc muliebris.

§ 6 (202. 12-5):

Hic nemus arboreum remanentibus illud apricum,
Hic bona fertilitas circa campestria rursum,
Currit per medium fluuialis cursus aquarum,
Hoc scio dicendum, pulcherrimus iste locorum.

§ 13 (212. 22-5):

Nunc habitare queo; uolui discedere; nolo.
Non mare turbabit; uicinia uicta, recessit.
Unde nimis timui; non a modo causa timendi.
Edificare uolo, non formidabilis ergo.

§ 14 (214. 5-11):

Sicut equi uel oues precedunt ante sequentes,
Sicut oues uel equi mitescunt gressibus usi.

Stant bene conclusi	uolucres sine rete retenti.
Uirtus diuina domuit,	que <firme> continet astra.
Cantant lugendo,	ieiunant esuriendo,
Cantus lugubres	fundunt in carcere digno:
Luctus in hac turba	pro libertate petenda;
Penituit uiolasse	nimis cerealia grana;
Liberat Iltutus	clausuris agmina lesa;
Non nocuere magis	post hec miracula facta.
§ 18 (220. 16-8):	
Hic lapis in lecto	positus sub pectore nostro;
Hec mea dulcedo,	iaceam pro numine summo;
Mollis erit merces	uentura beata beato,
Que manet in celo	michi dedita, quando redibo.
§ 23 (226. 30-33):	
In duros lapides	mutari crede latrones,
Nequitie testes	meruerunt sic remanentes.
Pro grege porcorum	sunt corpora uersa duorum.
Sub niue sub pluuia	sub grandine sunt sine uita.
§ 25 (230. 16-9):	
Hoc mirabilius	quod potuit transire Sauernam;
Uenit ad hanc ripam	sine perditione petendam.
Consequitur sonitum	collectio fortis equorum;
Diligit auditum	uocis dulcedine plenum.

What are these waifs? Surviving bits of once extensive doggerel in honor of the saints? Poetry inspired by the occasion, and written on the spur of the moment? Or, perhaps, more to the purpose in the present connexion, akin to the mingling of verse and prose in pieces of Middle Irish literature, e.g., the *Longes mac n-Usnig*, the *Scél mucci mic Dáthó*, the *Serglige Conculaind*, the *Fled Bricrend*, the *Oided mac nUisnig*, the *Tochmarc Ferbe*, etc.?

In view of the confused orthography of the manuscripts (the edition of Rees is quite useless here), it is prudent for one who has no access to a photostatic reproduction to be extremely cautious before branding a given form as a miscopying or a misprint. The following instances may, however, be noted, subject to all reservation: illustrrator (8. 3); read illustrator (so Rees); qui (46. 22): read qui (a) (with the Vulgate; cf. 6. 5); nucleatius (50. 8; so Rees; not in Baxter-Johnson-Abrahams): read (probably) enucleatius; peccora (70. 5): read pecora; Graphium (78. 36): read graphium; rudero (98. 25): read ruderi (?) (no second-declension form of the noun is recorded); octicum (100. 23): read op-

ticum; annus (126. 22): read annuus (so Rees); insolares (182. 34): read insulares (so Rees); quatinuseret prospic (200. 25): read quatinus prospiceret; subuigiliis (224. 36): read sub uigiliis; sui (234. 19): read sue; Spiritu (252. 4; so also Rees): read Spiritui; caterua (254. 13; so also Rees): read cateruas; uultus (254. 42; so also Rees): read uultum; columbinam dum; quodam (282. 23): read columbinam; dum quodam; fatteret (288. 36): read fateret = faceret (?); deriliquit (302. 25): read dereliquit; celebrantis (306. 5; so also Rees): read celebratis.

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Bringing Our World Together. By Daniel Johnson Fleming. New York: Charles Scribner's Sons, 1945. xv, 155 pp. $2.00.

The writings of Christians with missionary experience often have a note of confidence and optimism that is in sharp contrast to the dominant mood of Western Christianity today, and *Bringing Our World Together* is no exception. The preface opens with an affirmation: "This volume assumes that the vital forces of the universe are working toward a world-wide human brotherhood under God," and the general structure of the book as well as the specific arguments substantiate this affirmation. The author first seeks support for his thesis from the testimony to be found in the long span of human life on earth: the various visions of world brotherhood or attempts at world unity throughout the centuries, the scientific evidence of mankind's single origin, the many contributions of civilization and culture that provide the physical prerequisites for a world society. Against this background of millenia to balance the less reassuring signs of the present, the author then discusses the issues involved in a world community. Because Dr. Fleming values the cultural traditions of the different peoples of the world and argues for the intercultural ideal of pluralism rather than a "melting pot," he recognizes that the diversities preserved within cultural pluralism involve the necessity for definite, often difficult adjustments.

But he finds many grounds for confidence that these adjustments can be achieved. These grounds include psychologists' assertions that the maturing of mankind is a development from tribal group consciousness, through a period of ego-centricity, to a "mature We-feeling with all

humanity and with God"; also the author's own conviction that the Christian ethic is equally relevant to nations as to individuals and that society, on the whole, reveals distinct long-term trends toward a higher international ethic. Furthermore, as he surveys the present resources for realizing God's purpose of a single world family, Dr. Fleming sees co-workers in men of good will everywhere—humanists, followers of non-Christian faiths, specialists in international affairs, molders of public opinion, social scientists. Turning to the specific resources of Christianity, he sees in it the essential elements, hitherto lacking, for the establishment of an enduring world community: a common moral climate, a faith suited to the needs of all mankind, the Church—an organization in which the implications of world fellowship are embodied, the ethical dynamic of the belief that God is a God of moral and social purpose. Finally, as he interprets the history of Christianity, again in the long perspective of time, Dr. Fleming finds it to be a record of steady though not uninterrupted growth, holding out the probability of renewed expansion. And as he surveys the ecumenical Church today he sees in its many manifestations of Christian solidarity, bridging the gulf between races and nations, a glowing promise of a new order and a better world.

This survey of world community in the making is a real contribution to the literature on "the new order," which seems to be multiplying even more rapidly than the problems involved in bringing such a new order into being. Both the clearly outlined development of the argument (underlined by topical headings within the body of the chapters) and the questions for discussion at the end of the volume indicate that it is intended primarily for the layman and, more specifically, for discussion groups. It is valuable for such readers to have the lucid, simple summaries of evidence from many fields: of Fritz Kunkel's and Roy Dickerson's *How Character Develops,* of the relevant sections of Eberhard Grisebach's *Die Schicksalsfrage das Abenlandes,* of Kenneth Latourette's *The Unquenchable Light.* It is also salutary for them, especially if they are within the Christian fellowship, to recognize that the Christian churches do not have a monopoly of the zeal for world brotherhood or of the endeavors that further its realization. Beyond these contributions to a specific group of readers, Dr. Fleming's sensitive appreciation of the cultural heritage of other peoples gives rare persuasiveness to his picture of a cultural pluralism that will have both the variety and the harmony of a symphony. The same appreciation makes his short chapter on the

limitations of the golden rule in intercultural relations required reading for all missionary societies and also for some missionaries.

Perhaps it is also well to have all the past and potential resources for world community so bravely marshalled. None the less, several disturbing questions inevitably arise. Granted that men of all faith can work together for a "better world" in terms of improved health, educational and social standards, can humanists, Marxian materialists and Christians share a single vision of a world *family*, much less work together toward its realization, when they do not recognize a common center of this family, a common Father? While many of us believe that "Christianity is especially suited to be the faith of all who aspire to global consciousness and responsibility," are there grounds for believing that it will be embraced by all those who do so aspire? And, more insistent than these specific questions, if God wills a world family and man has such abundant divine and human resources to draw upon, why do we look out on the world as it is today?

Dr. Fleming suggests at least two possible explanations: God's willingness "to wait for co-workers," and "the ever-present fact of sin." But his argument as a whole would be more convincing if he indicated some of the many ways in which this "fact of sin" is actually twisting and tearing apart the fabric of world community that he has portrayed as constantly a-weaving. One may herald "a portable means of exchange," "Printing! Radio!" "the effect of science and machines upon human character and human relations" as part of our heritage for world community. One must also recognize the complications, if not the barriers, created by the problems of international finance; the dubious advantage of hearing Britain's reaction to America's proposed loan while that reaction is still at white heat, or of having Russia exposed to the irresponsible and often ignorant criticism of American news commentators; the even more dubious scientific compulsion to world unity in modern warfare. For it is only after one has taken full account of these negative factors that one can adequately assess the potential resources for bringing our world together.

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AMONG THE PERIODICALS

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